INTRAHEALTH INTERNATIONAL

Namibia HIV Prevention, Care and Support

Program Progress Report:
Quarter 4 (July 2009 – September 2009)
Annual (October 2009 – September 2009)

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USAID FROM THE AMERICAN PEOPLE

NAMIBIANS AND AMERICANS IN PARTNERSHIP TO FIGHT HIV/AIDS

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List of Acronyms

AB	Abstinence and/or Being Faithful
ACTS	Assess Counsel Test and Support
AIDS	Acquired Immunodeficiency Syndrome
AMS	Anglican Medical Services
ANC	Antenatal Care
ART	Antiretroviral Therapy
ARV	Antiretroviral Drugs
BCC	Behavior Change Communication
BEN	Bicycle Empowerment Network
BMI	Brief Motivational Intervention
C&T	Care and Treatment
CAA	Catholic Aids Action
CBD	Central Business District
CBO	Community-Based Organization
CCN	Council of Churches in Namibia
CDC	Centers for Disease Control and Prevention
CHS	Catholic Health Services
CM	Community Mobilizers
CT	Counseling and Testing (for HIV)
CTP	Cotrimoxazole Prophylaxis
DAPP	Development AID from People to People
ELCAP	Evangelical Lutheran Church AIDS Program
ELISA	Enzyme-Linked Immunosorbent Assay
EMIS	Education Management Information System
ePMS	Electronic Patient Management System (FileMaker Data System)
EQA	External Quality Assurance
FBO	Faith-Based Organization
FP	Family Planning
HAART	Highly Active Antiretroviral Therapy
HIV	Human Immunodeficiency Virus
HRMIS	Human Resource Management Information Systems (MoHSS Sub Division)
HRIMS	Human Resource Information Management System (Office of the Prime Minister)
HRIS	Human Resources Information System
HVCT	HIV Counseling and Testing
IMAI	Integrated Management of Adolescent and Adult Illness
IPT	INH Preventive Therapy
IT	Information Technology
LL/CL	LifeLine/ChildLine
LMS	Lutheran Medical Services
MCP	Multiple Concurrent Partnership
M&E	Monitoring and Evaluation
MIS	Management Information System
MoHSS	Ministry of Health and Social Services
MOU	Memorandum of Understanding
NDF	National Defence Forces
NIP	Namibia Institute of Pathology
NLT	NawaLife Trust
NRCS	Namibia Red Cross Society
NS	New Start
OPD	Out Patient Department
OVC	Orphans and Vulnerable Children
PEP	Post-Exposure Prophylaxis
PEPFAR	President's Emergency Plan for AIDS Relief
PITC	Provider-Initiated Testing and Counseling
PLHIV	Person Living with HIV and AIDS
PMTCT	Prevention of Mother-to-Child Transmission
PO	HIV Prevention Officer
PwP	Prevention with Positives
RMT	Regional Management Team
RT	Rapid Testing
RTK	Rapid Test Kit
SCMS	Supply Chain Management Systems
STI	Sexually Transmitted Infection
TB	Tuberculosis
USAID	United States Agency for International Development
VCT	Voluntary Counseling and Testing (for HIV)

1. PROGRAM RESULTS (REQUIRED)

See Excel spreadsheet ("FY09.Q1-4.INTRAHEALTH.26.Oct.09") and complete worksheet ("1. Program results.Q1-4") on table of program results.

2. PROGRAM-AREA NARRATIVES FOR FY2009 (OCTOBER 2008-SEPTEMBER 2009)

IntraHealth hosted its Annual Partners Review meeting from 23-25 June 2009 with participants from Catholic Health Services, Anglican Medical Services, Luther Medical Services, Catholic AIDS Action, Lifeline/Childline, Evangelical Lutheran Church AIDS Programme, Development Aid from People to People, Walvis Bay Multi-Purpose Centre, HIV Clinicians Society, Namibia Red Cross & the MoHSS. The main objectives of the meeting was to provide partners with a platform to review program performance, discuss lessons learned; share best practices and propose new ideas for the COP 10 planning. During this meeting, feedback on the progress made in semi-annual progress report was given for each program area. Overall, the meeting was very successful for both, partners and IntraHealth.

2.1 Program Area 1: *Abstinence and Being Faithful (AB)*

IntraHealth's contribution to the promotion of abstinence and sexual fidelity (AB) as viable HIV prevention methods is built around efforts to increase the practice of abstinence and the delay of sexual debut among youth through school-based life skills education and counseling and child centered radio programs. IntraHealth's AB partner, LifeLine/ChildLine (LLCL) Namibia, is at the forefront of national efforts to build communications skills among youth, to enhance emotional intelligence and self-esteem and to increase healthy decision making especially with regards to sexual behavior and HIV prevention.

The ChildLine intervention consists of three components: (1) the "Feeling Yes, Feeling No" program; (2) the "Being a Teenager" program; and (3) a teacher sensitization component. The ChildLine team works with students from grades three to seven and grades eight to ten and covers topics of HIV/AIDS, sexual assault and abuse, domestic and gender violence, alcohol and drug abuse, and cross-generational sexual relationships with a specific focus on delivering messages on delaying sexual debut and abstinence. These topics and messages are further supported by LLCL's Uitani radio program. The ChildLine facilitation and presentation methods vary according to the age group.

"Feeling Yes, Feeling No" consists of an age-appropriate puppet show addressing "stranger danger," LLCL's crisis line number, a song teaching children about their bodies and protection of such and saying "no" to inappropriate touching. For older children, sexual assault, domestic violence, HIV stigma and discrimination, bullying, feelings identification, reporting abuse and bereavement issues are covered.

The next level program, "Being a Teenager", is aimed at Grade 8-10 learners (ages 13 to 17 years) and utilizes drama and discussion to promote debate and understanding about HIV prevention, alcohol abuse, cross-generational sex and other risky behaviors. ChildLine further provides sensitization and information sessions for teachers and hostel wardens after school hours geared towards helping them to identify traumatized and/or vulnerable children and how to refer them for help.

Accomplishments & Successes

During FY2009, AB targets were exceeded; in total, 31,010[1] children and young adults were reached with abstinence and being faithful messages. This represents 129% of the target of 24,000 people. Slightly more girls (52%) than boys (48%) were reached; a total of 137 schools were visited in 11 regions during FY2009. Please see the accompanying Program Results spreadsheet for more detail.

Highlights from the National School Program

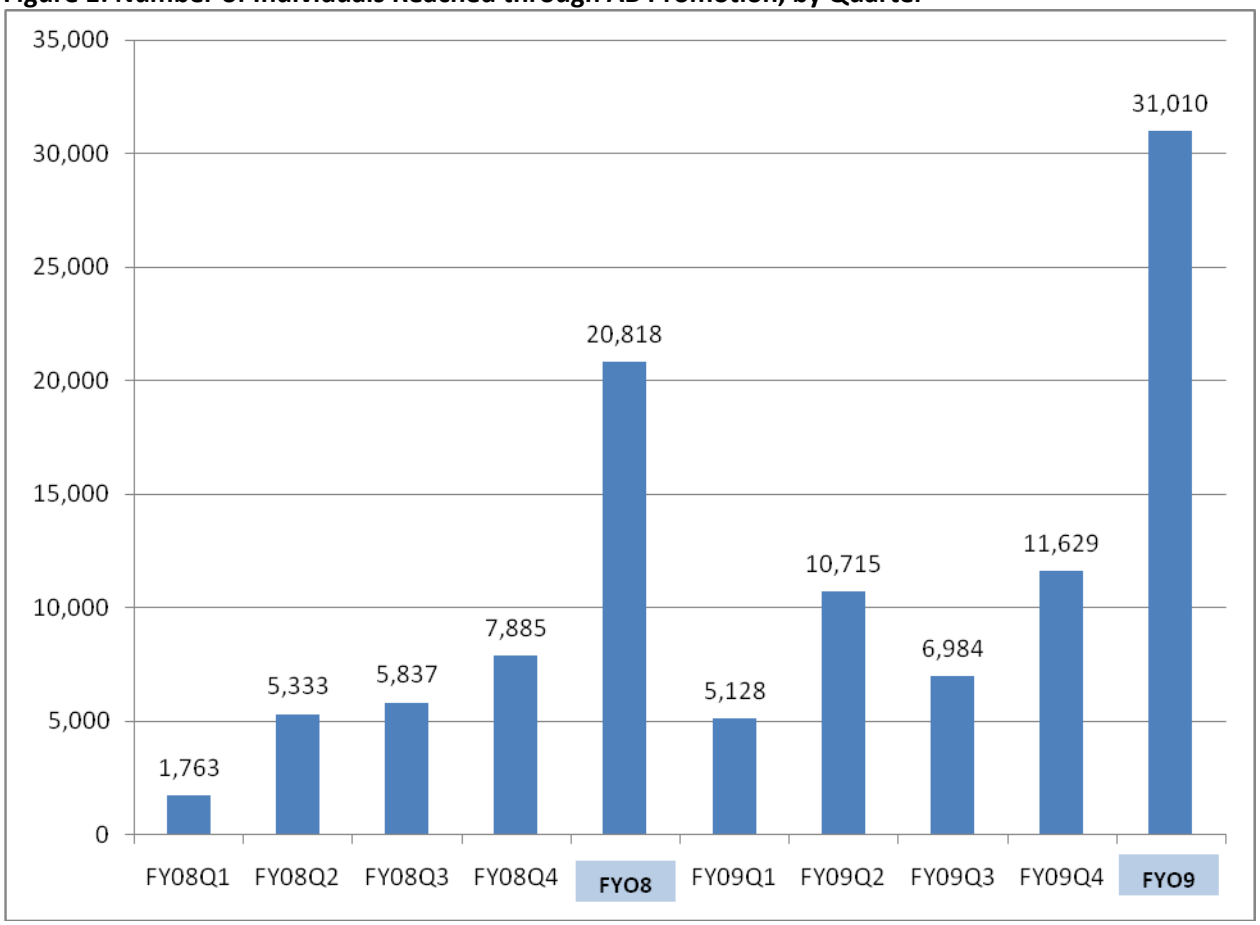
- A true success from Q1 was the follow-up intervention at Naosanabis Primary School in the Leonardville district. This was prompted by the inappropriate sexual behavior displayed by the children both at school and in hostel. A total of 209 learners (128 girls, 81 boys) were helped through a group counseling process to

[1] The total number of individuals reached during FY2009 is 34,456; however, IntraHealth expects that there may some individuals who attend more than one session. Thus, in order to avoid counting duplicate individuals, we assume 10% of these attendees participate in multiple sessions. In reality, this number is probably much less, as partners target one community and then move on to target another community. In FY2010, this approach will change, in which communities will be targeted with a greater dose of prevention interventions in order to better realize and sustain behavior change.

find acceptable ways of exploring their sexuality. This ChildLine intervention was conducted with the Ministry of Education and the regional social worker to ensure continuity of follow up and referrals.

- A highlight from Q2 was the Karas regional visit where learners demonstrated that they remembered the program from previous visits by singing the ChildLine song and reciting the LLCL crisis number. The learners were outspoken and participation was intense in discussions as well as in the Uitani radio interviews. The principals in Karas Region were very supportive of the program and went out of their way to support the team allowing extra time to finish the program and teacher participation in all sessions.
- During Q3, ChildLine facilitated holiday camps in Rehoboth and Windhoek. The Childline facilitators conducted sessions in the "Tree of Life" and "Bridges of Hope". The Tree of Life is a tool which aims to provide children with a safe space to examine their lives and the problems they encounter but also to build and acknowledge a "second story" about each child's life. The second story consists of the skills, abilities, hopes and dreams of each child & the histories of these. The team could successfully render emotional support to six participants who opted for counseling and managed to clarify some myths and misconceptions about HIV/AIDS.
- During the fourth quarter, the ChildLine team visited 20 schools across the Khomas, Erongo, Oshana, Kunene and Otjozondjupa regions. A total of 147 teachers (30 male, 117 female) were sensitized on how to identify vulnerable children in schools.
- Another highlight from FY2009 was the ChildLine facilitated peer educator trainings. The initiative is aimed at training out of school youth in HIV prevention, gender and male involvement issues, substance abuse and adolescent sexual and reproductive health. These PE's will be used to strengthen peer outreach activities at various locations around LLCL centers in Ondangwa, Rundu and Windhoek.

Figure 1: Number of Individuals Reached through AB Promotion, by Quarter



Uitani Children's Radio

Uitani ChildLine Radio is a participatory radio program run by and for children. The Uitani team is made up of 52 children aged between 8-16, of which 25 are reporters and 27 are radio actors. The 25 reporters (19 girls, 6 boys), are trained in radio production and interview techniques and record shows every week for Uitani radio. The 27 actors are responsible for radio dramas and public service announcements, but do not record every week. Those older than 15 years and exiting the group are absorbed in the "Lets Realize" committee.

- In FY2009, Uitani ChildLine Radio aired three radio programmes per week on 3 different radio stations on topics related to issues children may be faced with i.e. loss and sadness due to HIV/AIDS issues in the family, domestic violence, alcohol abuse, peer pressure, cross-generational sex, relationships, poverty, communicating with your parents, death and bereavement, and child rights. These programs are co-produced and presented by children for children (age group 8-14 years). The *Uitani ChildLine Radio kids* consist of a core group of 25 (19 girls, 6 boys), 9 – 15 year olds trained in radio production and interviewing skills. This core group records shows every week for Uitani radio that are aired on NBC National Radio, Base FM and Omulunga Radio.
- Uitani ChildLine Radio has also continued to conduct the monthly focus group discussion whereby a listener's group evaluates the content of the radio program, assesses the information in terms of whether it is understandable, clear and well put together. Another area of enquiry is whether information is used. The groups consist of 35 learners from different schools who listened to the broadcasts for the past quarter (12 broadcasts in total). All participants were in agreement that the broadcasts did in fact meet the above-mentioned requirements and that it is very interesting, organized, consists of new topics, that they can gain valuable life skills from the programs, informative and at their level of understanding. The topics they listened to included climate change, TB, Fears and phobia, HIV & stigma, Sports and the Let's Realize conference. The roving reports are their favorite slot because they like to hear what children from other regions think. Omulunga radio is the most popular station with 50% of the participants listening to it, NBC (37.5 %) and BASE FM (12.5 %).
- One highlight from Q2 was a qualitative evaluation of Uitani radio. 12 youth between the ages of 9 to 15 from three Windhoek based schools were identified and invited to participate in focus groups discussions. The objectives of the focus groups were to evaluate the content of the radio program, assess whether the information or messages are clear and understandable and whether information is acted upon. Each young person received an evaluation form and portable radio and they were asked to listen to one radio show per week and to complete an evaluation form immediately after every show. All participants were in agreement that the broadcasts were very informative, understandable and compelling.
- During Q4, the long awaited Uitani program evaluation, supported by UNICEF, was conducted. Two experts one in M&E and the other in child media were in the country for two weeks to asses and evaluate the program, conducting 9 focus group meetings, as well as speaking to stakeholders and partners. The team evaluated documents, scripts, policies, procedures and capacity. Recommendations are forthcoming.
- The Uitani kids had a Personal Growth workshop on peer pressure and bullying and how to deal with it. It was a mixed group from different cultures, where some cultures do not permit you to talk about problems. The total number of participants was 30.

Photo: Participants at Lets Realise Conference performing a drama on discrimination.

The Uitani ChildLine Radio hosted their biggest event of the year, the ***Let's Realise Conference***. From June 13-17, 108 children from 13 regions met in Okahandja to make a change for their future. The sessions conducted were on HIV and Stigma, discrimination against people with HIV, gender roles and gender norms and the new child protection bill. The focus of the children's conference was to create awareness and provide an opportunity for the voices of the children to be heard but it also strived to empower them to be peer supporters to their fellow learners and those in their neighbourhoods. A peer supporter is a child who has the right information and who can act as a resource to refer peers whenever they are approached by others who are in distress.

On the day of the African child, the Let's Realise delegates were honoured by the presence of Mr. Gregory Gottlieb the USAID Mission director who opened the session. The presentation was also attended by the UNICEF Representative for Namibia Mr. Ian MacLeod.

School Outreach Activities

IntraHealth also supports AB activities through LLCL's two regional offices. LLCL's Northeast office is located in the Kavango regional capital of Rundu. There is a very busy informal border crossing to Cali village in Angola and Rundu is a popular truck stop on the trans-Caprivi highway to the east and towards the Katwitwi border crossing to the west. The Kavango region has the highest rate of teenage pregnancy in the country and in Rundu the HIV prevalence rate is estimated at 18.8%. The Northwest regional office is located in the Ohangwena region in Eenhana, one of the most populated regions in the country, with an HIV prevalence rate estimated at 11.6%. From these two regional offices trained teams of volunteers and staff conduct HIV prevention activities with surrounding communities, schools and groups.

LL/CL's regional teams conduct two types of school-based outreach activities:

1. School drop-in sessions: School drop-in sessions are counseling sessions, where the volunteer counselors go to specific schools and provide individual counseling to learners by request of the school. As much as possible, school-based teacher counselors are included in the work. Learners are either self-referred or referred by teachers, including teacher counselors. Sessions last a maximum of 40 minutes per client. School drop-in programs continue at a school once per month, and sometimes twice per month depending on the number of people and amount of follow-up required. Onward referrals are made depending on individual cases. Selection can also be as a result of requests by principals or issues picked up during school awareness, and serious cases involving rape and assault are referred to the social worker who has the mandate to conduct home visits and to call in the police. Schools are evaluated each month to determine how long sessions should continue.
2. School awareness sessions: The LL/CL outreach team visits schools that request their services and presents on topics identified by the requesting teacher or principal. The team uses a mix of delivery methods including drama, lecture, group discussion and interactive question and answer.

North Central Activities

A total of 13 schools were visited in FY2009, including 4 during the fourth quarter. School outreach visits focused on a variety of themes, including reducing vulnerability among youth, alcohol abuse and teenage pregnancy. Examples of activities include:

- During the first quarter, an intervention at Oshisho school which caters to a large San population plagued by sexual exploitation in exchange for food, with a high level of teenage pregnancy. A second school was also plagued by high rates of teenage pregnancy, some occurring amongst siblings in child headed households. In both of these cases work was done with pupils on risks of early sexual activity and benefits of delaying sexual debut.
- An activity at Ohakafiya Combined School was a result of an invitation from the principal who has concerns about the use of and/or alcohol abuse by both the learners and some teachers at his school. When the facilitators asked the learners the reasons for taking alcohol the following were some of the responses: "*to forget about personal problems (emotional and social)", peer pressure, curiosity, to feel good and have fun".*
- During the third quarter, a visit was conducted at Ondobe Combined School focusing on sexual education around A&B messages as the school had 2 girls drop out of school recently due teenage pregnancy. The session involved 206 girls in Grades 8-10. During the session, the facilitators explored and assessed the girls' knowledge about sexual issues, the causes and/or pitfalls of teenage pregnancy, why it is important for teenagers to abstain from sex, and the consequences of teenage pregnancy. During the session, the girls cited lack of information and knowledge on sexual issues, lack of support from parents and caregivers (socially, emotionally, financially and physically), influence from peers as some of the contributing factors. Facilitators discussed some ways of expressing sexual feeling like cuddling, holding hands, get involved in different activities, e.g. sports, exercises, join youth club and study group, etc.

North East Activities

A total of 24 schools were visited in FY2009, including 4 during the fourth quarter. The focus was on AB prevention messages as a high number of teenage pregnancy cases have been observed in the region. The centre team

consisting of the mobilizer and community activator addressed principals at a principals' meeting about the topic. Highlights include:

- A key highlight from FY2009 was the response to the escalating teen pregnancy rate. LLCL staff conducted sensitization activities on teenage pregnancy to principals and life skill teachers from over 40 schools. This was a response to the Education Ministry Information System report in 2007 which showed that over 23% of the 1,493 learners who dropped out of school nationwide in 2007 due to pregnancy were from the Kavango region.
- Sauyemwa reported no teenage pregnancy cases in the first school quarter compared to last year and attributed this success, at least partially, to awareness conducted by Lifeline earlier. The team went back to the school to reinforce the messages on teenage pregnancy before holidays.
- Sambyu Combined had two sessions in April, one on teenage pregnancy with girls and boys of Grade 8. The second session was a focus group discussion with girls as a follow up activity in the last quarter on VCT. In this session the VCT mobilizer joined the activator and volunteers in delivering topics of HIV prevention and cross generational sex.
- During Q3, Kasote Combined School had a session on teenage pregnancy in the context of HIV and healthy relationships. Girls and boys were divided into three groups due to the large number and learners were very interactive. When asked what they consider a healthy relationship? They answered "having sex all the time and having two partners". Facilitators explained the importance of delaying sexual activities and of finding other interests, such as extra-curricular activities. Some questions asked by the learners: what happens to a boy/girl when they do not have sex until the age of 20? What is the danger of getting pregnant at an early age? At what age is it permissible to use Depo-Provera? Feedback obtained at the end was that participants knew better what healthy relationships entail, and how early and unsafe sexual engagement can lead to pregnancy and other problems.
- Also during Q3, Nkurenkuru Combined had a follow up on the girls' activity conducted in the last quarter with Junior Secondary boys and girls (Grade 8-10) on teenage pregnancy. The group reflected on the last sessions and they were given time to contribute and ask questions. As a continuation of the program to the schools in the vicinity of the counseling site, the team of volunteers conducted a session on gender roles to Junior Secondary learners. The session was introduced to discuss with boys and girls about gender roles, interaction and participation was excellent.
- A highlight from Q4 was the beginning of repeat visits to schools in order to achieve behavioral dosing. The NE team visited 8 schools and reached 969 children. Two follow up visits were also done to assess the learners' experiences in terms of what they had discussed in the previous sessions. Topics from the *Journey of Life* curriculum were used to derive information from the group and to engage them in the discussion. The team also acted a drama on the risks of abusing alcohol and how it leads to risky behaviors that could result in teenage pregnancy and HIV.
- Finally, the Drop-in counselling sessions The total number of clients attending "drop in" counselling sessions continued to increase every month, which is a very encouraging trend, as it suggests that the awareness activities are paying off.

OVC Day Camps

The regional teams regularly conduct "OVC camps" targeting vulnerable children identified by community leaders. LLCL teams in NW and NE regions conducted a total of 16 OVC day camps during FY2009. An OVC day camp is a 6 hour intervention including lunch, primarily utilizing the Tree of Life curriculum. The Tree of Life tool is a curriculum developed by REPSSI based on Narrative Therapy principles. It is a psycho-social support tool for working with children who have experienced loss, poverty, bereavement, neglect and other debilitating factors. The activities are selected from a large resource pool held by LLCL as well as activities developed by Catholic AIDS Action. The focus is on building esteem and resilience as well as on giving opportunities for children to come forward for counselling. OVC camps provide an opportunity to address issues that are recurrent in counseling sessions with an aim of increasing emotional resilience among the OVC.

Children are provided psycho-social support by the LLCL staff and volunteers and then various relevant topics are discussed with them, including HIV, the rights and responsibilities of children, what it means to be an orphan, and child abuse. Posters designed by LLCL are used as facilitation aids indicating and explaining the different types of abuse e.g. physical, sexual, verbal and emotional, HIV/AIDS and how children can become infected, how children can protect themselves against HIV, sexual assault/bad touches etc. and future dreams are also covered. The approach as well as the content and detail of this topic are adjusted according to the age of the group as well as their personal

circumstances. Topics are divided among the LLCL group members and are handled in divided smaller groups. However, a short skit is usually also presented to the full group of children in which each of the team members then speak out on an allocated topic.

Challenges, Constraints & Plans to Overcome Them

- LL/CL teams continue to grapple with the lack of appropriate places or people to refer children to for further help. The ChildLine team will provide schools with a local referral list and also with the crisis line number. The referral list will include the Women and Child Protection Unit (WCPU) contact in the area.
- Children need time to develop trust. Some schools are resistant to allowing the LL/CL team enough time to make an impact. One solution is to ask the children to come back for an afternoon session and to complete the schools' program by the end of October.
- The low participation of teachers in extra support sessions on how to identify vulnerable children is a concern for us and mostly due to extra-mural activities of teachers. One reason is the teachers feel it is the responsibility of the Life Skills teachers only. LLCL hopes to address this concern better in the next quarter by including hostel personnel, parent/caregivers and community members in these support sessions.
- The flood in the North Central part of the country and where LLCL has an office severely curtailed activities and affected the whole fabric of community life, disrupting the entire region.
- The needs in terms of providing holiday and OVC "camps" to vulnerable children far exceeds LLCL's capacity to conduct these camps.
- Conducting regional radio spots also remains a challenge.
- Inadequate nutrition is a problem for many children, who are often hungry; LLCL does not have resources to help children in this area.
- A challenge facing LLCL and Namibia as a whole is the immense and growing OVC population, which stretches already weakened social support mechanisms as well as governmental systems.
- In addition, older OVC often fall through the cracks. These children are often out of school, but too young to survive on their own, and this can lead to adopting sub-optimal and dangerous behaviors in order to survive.

Planned Events for the Next Quarter

- Child protection policy workshop.
- LLCL management staff will receive a BCC basic theory training to build a foundation for re-designing their programs. This will take place in the first quarter, facilitated by IntraHealth prevention staff and C-Change.
- Uitani radio program production and broadcasts will continue.
- Decentralization and reprogramming of ChildLine program: LLCL has recognized the need to strategize on how to provide BCC programming and eventually re-design their programs. This will happen with the guidance of IntraHealth prevention staff during the first quarter.
- LLCL volunteer conference; LLCL conducts a yearly conference for volunteers, their own and other which is co-funded with the MoHSS
- Feedback will be shared with school teacher counselors on the outcome of the activities carried out at schools in north east.
- Results from the UNICEF evaluation of the Uitani radio programme are expected to be shared.
- LLCL management staff will attend an IntraHealth training on conducting baseline surveys.

2.2 Program Area 2: *Prevention of Mother-to-Child Transmission of HIV (MTCT)*

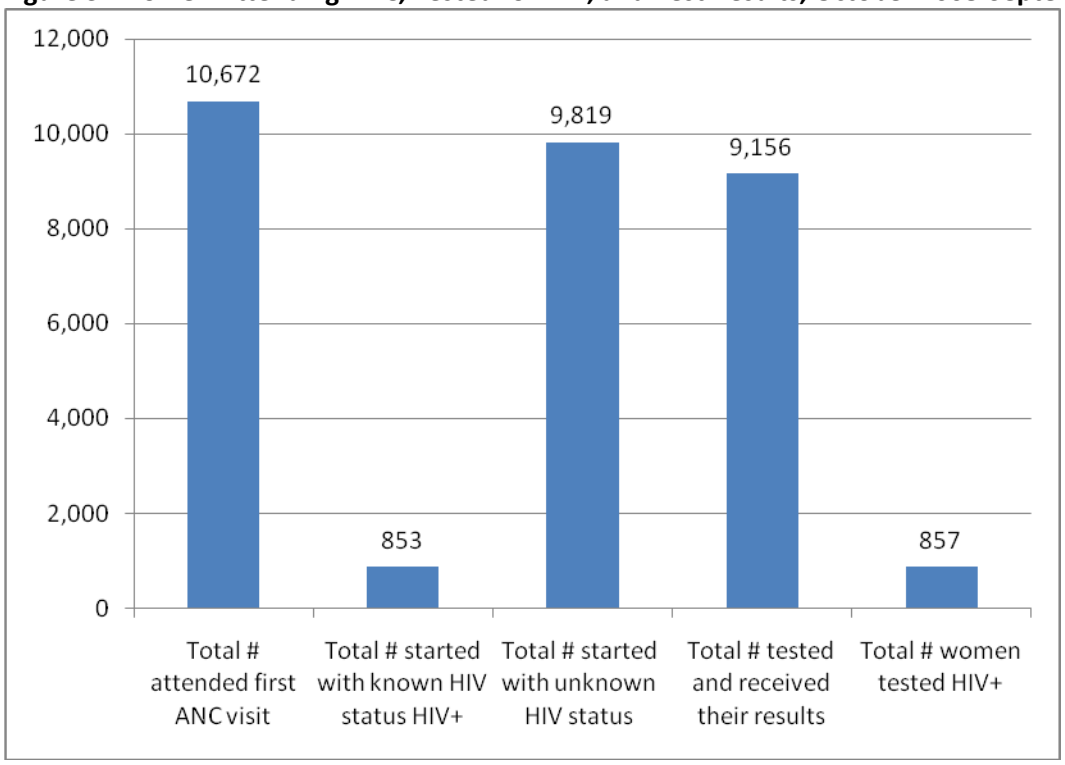
Under Intermediate Result (IR) 2, the prevention of mother-to-child transmission (PMTCT) program is aimed at reducing the HIV incidence related to vertical transmission by increasing the proportion of HIV-positive women and their exposed babies provided with antiretroviral (ARV) prophylaxis. Ensuring availability of ARV drugs to mothers and their newborns, safe childbirth, infant feeding counseling, family planning (FP) counseling/referral and continuity of care are the key components of the IntraHealth-supported PMTCT program. These interventions are accessed through antenatal clinics and labor and delivery wards in six mission facilities (five faith-based hospitals and one health center). The filling of vacant positions of nurses in five CHS clinics, with rolling out of PMTCT, has increased the PMTCT outlets from 34 to 37. By the end of the reporting period, 54 outlets in and around mission facilities were supported in providing PMTCT services. This means that only 5 facilities within the mission districts and catchment areas are not yet providing PMTCT program.

Accomplishments & Successes

Antenatal Care: By the end of FY2009, a total of 10,672 women attended a first ANC visit, of which 853 (8%) started ANC with known HIV positive status, comparable to the national average of 6%, and 9,819 (92%) with unknown status (see Figure 3 below). Of those mothers with unknown HIV status, 9,156 (93%) were tested, and of those tested, 8,563 (94%) received their HIV test results. These results represent 156% of the FY09 target of 5,500 pregnant women counseled and tested.

For the 9,156 pregnant women counseled and tested, 857 (9.4%) were HIV-positive. This number includes women attending ANC at peripheral clinics within mission-supported districts that are receiving indirect support from IntraHealth. As part of the couple counseling program within PMTCT, amongst the 9,156 women counseled and tested, 796 of them (8.7%), were tested along with their males. This is above the national figure of about 5% partner testing in PMTCT setting. Of the 796 men tested, 120 (15%) tested HIV-positive. Data on sero-discordance were not available. Those women testing HIV negative before the third trimester were counseled to stay negative, and a repeat test is encouraged in the last trimester. Emphasis will still need to be focused on these women and their partners with specific prevention messaging.

Figure 3: Women Attending ANC, Tested for HIV, and Test Results, October 2008-September 2009



Labour & Delivery: For the 9,197 women who delivered in IntraHealth-supported health facilities during the period, 8,748 (95%) knew their respective HIV status. A total of 1,728 HIV+ women delivered in these facilities, of which 292

(17%) received ART and 1,347 (78%) received ARV prophylaxis. Most women 1,591 (92%) have chosen exclusive breastfeeding as their preferred infant feeding option. A total of 1,633 babies received ARV prophylaxis in FY2009.

Postnatal Care: A total of 610 exposed babies were tested with DNA polymerase chain reaction (PCR), of which 41 (7%) tested HIV+. However, this figure does not differentiate infants who are fully weaned from those still HIV exposed through breastfeeding. There is still room to improve, and IntraHealth will continue to support partners to reduce transmission rates even further, the results to date are demonstrating the positive impact of the PMTCT program.

HIV & FP Integration: Of the 970 women enrolled in to postnatal care during the reporting period, 764 (79%) were referred for family planning (FP) services. However, data on how many women actually reached and received FP was not available; IntraHealth is working with partners to develop a feedback mechanism for FP referrals. An initial workshop, which involved designing referral forms and registers, was conducted with IntraHealth partners in the 4th quarter.

- In Nyangana, they have integrated counseling and referral for HIV testing in their FP clinic. This is a potential best practice, which will need proper documentation, and could potentially be replicated in other facilities. M&E tools for proper recording and reporting of such an activity will be developed by IntraHealth and the CHS team. FP clinics could be an important entry point into care and early initiation of ART, and would also help address a key pillar of PMTCT strategies, preventing unwanted pregnancies in the HIV positive women.

Other Highlights

- In order to keep all health care workers, especially nurses and doctors abreast with the new guidelines in PMTCT, it was necessary to train them on these guidelines. CHS conducted a two day workshop on PMTCT New Guidelines for two districts (Andara and Nyangana) and 19 nurses were trained. At Onandjokwe, a total number of 47 health workers were trained on revised PMTCT guidelines, implemented in 10 clinics/health centers. The 66 health workers trained exceed the FY09 target of 60 people trained.
- An additional 10 facilities in CHS districts (4 Nyangana, 3 Andara and 3 in Oshikuku) rolled out HIV Rapid Testing (RT), bringing to a total of 21 out of 44 facilities in CHS now offering RT.
- Onandjokwe has successfully implemented new combination antiretroviral (ARV) prophylaxis regimen in 5 satellite facilities.
- Kitchen corner activities are being conducted on weekly basis in Oshikuku; during the period, 153 mothers were provided with health education, on how to prepare (hygenically) nutritious foods using locally available food stuff in preparation for weaning their babies.
    - At Onandjokwe, 278 women attended nutrition education classes as part of the Kitchen Corner initiative.
- Three (3) facilities in Andara district rolled out for HIV Rapid Testing, while 5 facilities (2 in Oshikuku and 3 in Nayangana) began implementing the updated PMTCT package; presently, all facilities in Nyangana District are offering the full PMTCT package.

Challenges, Constraints & Plans to Overcome Them

- While there has been tremendous progress in rolling out RT especially in Kavango region, about half of partner facilities are not yet offering this essential service especially in Oshikuku district. They rely on enzyme-linked immunosorbent assay (ELISA) which has a longer turnaround time. Plans to roll out RT are faced with infrastructure and staffing constraints. Outreach activities, if allowed, would help to alleviate this burden. The collaboration with the MOHSS will be strengthened for further scaling up of RT in the near future. The facilities with no RT, will be encouraged to request for RT at the local NIP rather than ELISA as this could reduce the turnaround time.
- The male involvement/partner testing rate improved to 8.7% in FY2009, but this continues to be a challenge Various male-friendly service strategies, such as opening at convenient times for men (Saturdays, evenings and special testing days) will be intensified.
- Many mothers who choose breastfeeding, especially in rural areas, find it hard to stop breastfeeding at four months due to the inability to provide weaning foods for their children. Strengthening the kitchen corner with additional food supplementation and roll out to other facilities would bring relief to families.

Planned Events for the Next Quarter

- Liaise with the MOHSS to support roll out RT in satellite facilities in Andara, Nyangana and Oshikuku in FY2010.
- Replicate, in other supported sites, the Andara district activities that involve men through activities such as sport events on sites, male conference, opening VCT on Saturday, written invitations to male partners.
- Conduct the annual partner's performance review meeting to share experience and best practices amongst partners.
- Engage IntraHealth supported sites in considering the development of mother support groups.
- Continue ongoing support to PMTCT roll out and implementation of the new guidelines.
- Collaborate with MoHSS to develop and finalise tools to trace FP referral and services provided.
- Continue health education on PMTCT aspects.
- Strengthen PMTCT supportive supervisory visits to the clinics and health centers.
- Conduct data quality audits on PMTCT data.
- Expand the roll out the "Kitchen Corner" to all integrated sites.

2.3 Program Area 3: Condom and Other Prevention (HVOP)

IntraHealth's HVOP program goal is to increase the percentage of individuals who understand what HIV prevention methods are available to them (including condom use and partner reduction) and a subsequent increase in people incorporating these methods into their lives. HVOP activities target the general population within the catchment areas of faith-based facilities and communities served by all of IntraHealth's partners. These activities include a commitment to ensuring the promotion and distribution of condoms and that all mission facilities have been part of the condom distribution chain. IntraHealth partners will continue to conduct community mobilization activities to effect behavior change with a special focus on partner reduction, especially concurrency and male involvement in driving HIV prevention efforts in their communities.

The IntraHealth prevention team assisted all six mission hospitals to hire and put in place an HIV Prevention Officer (HIV PO). The aim of this position is to strengthen existing HIV prevention activities with a focus on addressing key drivers of the epidemic and encouraging behavior change and safer sex among people attending the hospitals and in surrounding hotspots. However, the HIV PO position does not decrease the importance of the prevention work conducted by hospital staff; rather, its aim is to support and strengthen their efforts. The vision is for hospital staff, whether PMTCT, ART clinic, OPD of FP, to draw upon the time and expertise of the HIV PO to assist them with group education sessions, individual counseling, including BMI, training, and community mobilization. In addition, the HIV PO will conduct Prevention with Positives (PwP) sessions when this component becomes operational. There is a delay in the implementation as role definition is being clarified and pilot sites are being evaluated.

Along with the Ministry of Health and Social Services (MoHSS), other USG partners, the UN agencies and other stakeholders IntraHealth also plays an active role in the HIV prevention technical working group, the MCP task force and the BCC/IEC technical working group. IntraHealth is actively involved in advocacy and communication strategies to ensure safe male circumcision is available throughout the country. In addition, post-exposure prophylaxis (PEP) training is provided to update the skills of health care workers within faith-based hospitals and the private sector to prevent both occupational and post-sexual assault transmission of HIV. Lessons learned for the PEPFAR implementers will reinforce IntraHealth prevention activities by adoting the combination approach that recommends biomedical, behavioral and structural strategies to be combined for maximum synergy.

Accomplishments & Successes

Male Circumcision
IntraHealth organized the first male circumcision (MC) capacity building training course under local anesthesia, in collaboration with Jhpiego, the MoHSS, the MC task force and other USG partners. Eighteen health workers, including doctors and nurses from 5 pilot sites, were trained. Of the five pilot sites, three have begun performing MC according to WHO/Jhpiego guidelines. At the end of FY2009, 142 men were circumcised in all 3 pilot sites: 123 at Windhoek Central, 11 at Oshakati and 8 at Onandjokwe hospitals.

IntraHealth Namibia is an active member of the Namibian MC task force, and will continue to contribute to the development and implementation of the national MC strategy and supporting policies and technical recommendations. IntraHealth will continue strengthening the capacity of all its supported sites to offer MC as part of national prevention strategy.

One of the staff from IntraHealth presented an oral abstract on VCT as a potential entry point for the uptake of male circumcision at the HIV Implementers Meeting held in Windhoek in June 2009. The presentation was based on data collected as part of some initial data collection through VCT centers prior to rolling out the MC training.

Post-Exposure Prophylaxis
All staff members in IntraHealth supported sites have been oriented in post-exposure prophylaxis (PEP). By the end of FY2009, 30 staff members reported occupational exposure, of which all were tested for HIV. Out of 13 CHS staff tested, 2 were HIV+ and were referred to ART clinic for enrollment in care, and the 11 testing HIV- were administered PEP.

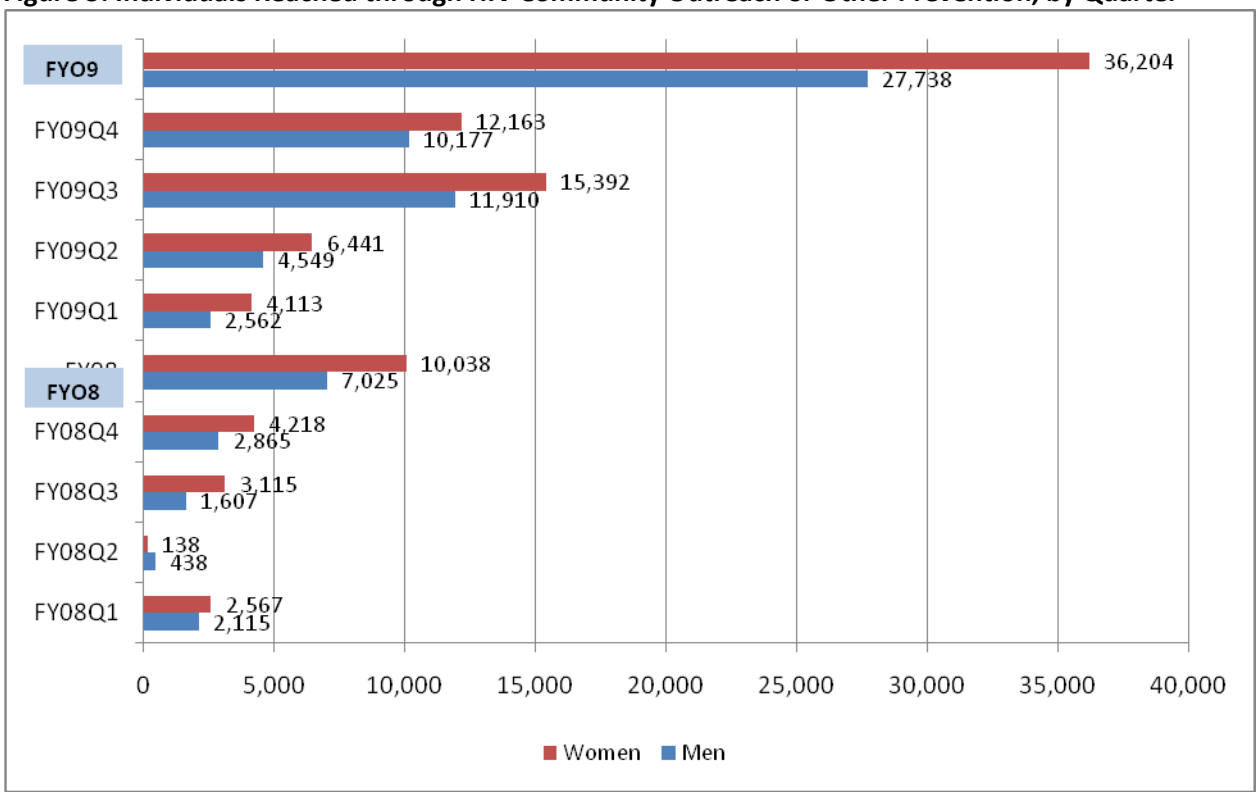
In FY2009, a total of 38 patients at CHS reported being the victim of rape. Of these patients, 22 were tested for HIV, of which 14 tested HIV- and were administered PEP. Those who tested HIV+ were referred to the ART clinic for

enrollment in care. IntraHealth will continue to work towards strengthening data collection and reporting system within its supported sites.

Condoms, Behavior Change Communication & Other Prevention

IntraHealth and its partners contributed significantly to this program area during FY2009 through providing training, community mobilization, IPC, condom distribution and strengthening of the faith-based health facilities non-medical HIV prevention services. During this fourth quarter, 22,340 individuals were reached through community outreach activities promoting HIV prevention through the use of behavior change. In FY2009, a total of 63,942[2] individuals were reached, 266% of the target of 24,000 individuals for FY2009 (see Figure 3 below). There has been a significant increase in individuals reached, due in part to under-reporting prior to Q3. Following a training of partners' staff and the introduction of events report template, there is better reporting of monthly individuals reached with HVOP messaging.

Figure 3: Individuals Reached through HIV Community Outreach or Other Prevention, by Quarter



The six faith-based hospitals supported by IntraHealth actively educated and mobilized the communities surrounding the facilities on HIV prevention methods during this reporting period. Onandjokwe aggressively distributes condoms driven by a condoms logistics officer supported by the global fund and their team of community mobilizers. The CHS facilities provide condoms to discordant couples and to people living with HIV.

LL/CL, Catholic Health Services (CHS) and Lutheran Medical Services (LMS) teams and other community mobilizers from the New Start network in different regions (Khomas, Hardap, Oshikoto, Omusati, Kavango, Ohangwena and Oshana) all conducted community outreach promoting HIV prevention in FY2009. The outreach teams use interpersonal communication (IPC) sessions; interactive live speeches in community gatherings, schools, and workplaces; peer education; and, may involve local officials as motivational speakers. Outreach activities provide opportunities for cross-cutting messages which include awareness-raising with prevention messages (living positively, male circumcision, correct and consistent condom use, partner reduction and others), promotion and demand creation for available HIV services (especially through VCT community mobilizers) as well as mobilization for male participation.

[2] The total number of individuals reached during FY2009 is 67,307; however, IntraHealth expects that there may some individuals who attend more than one session. Thus, in order to avoid counting duplicate individuals, we assume 5% of these attendees participate in multiple sessions. In reality, this number is probably less, as partners target one community and then move on to target another community. In FY2010, this approach will change, in which communities will be targeted with a greater dose of prevention interventions in order to better realize and sustain behavior change

LLCL provides HIV competency training to staff from PEPFAR partner NGO's, CBO's and ministries strengthening the resilience of communities, organizations and individuals to manage the affects of the epidemic and to respond to HIV/AIDS. LLCL also has outreach education teams located at their NE and NW offices who target MARPS, hard to reach and other vulnerable populations with educational sessions on HIV prevention methods. LLCL conducted outreach educational sessions focused on all methods of HIV prevention in six regions. The teams consist of LLCL volunteers and staff and they frequently conduct sessions jointly with relevant ministries and other NGO's

Other Highlights:

- The MCP tool developed by PSI Mozambique has been adapted to the Namibian context and the tool will be distributed by end of July. The "people" depicted in the tool have been re-drawn to fit Namibian society. The drawings were done professionally and field tested.
    - A MCP presentation event by DAPP Outapi New Start took place in NDF Military Base with over 70 army personnel in attendance in Ruacana (included in the total number reached). The personnel participated as the people on the network depicting the real picture of how HIV would easily spread from the base and back home to their partners. Participants learned that they are on a sexual network and have been on one for a long time. This experience increased their desire to know their HIV status and make a plan on how to "step off the network".
- *The Drivers of the Epidemic* has become the most essential topic being delivered by the Community Mobilizers, especially MCP and how to "step off the network".
- The first training for the HIV POs took place in June 2009. Of particular importance was the participation of various other hospital staff at this training including PHC staff and nurses and a condom logistics officer. IntraHealth partnered with C-Change to provide a basic course on BCC and to teach the participants to use various BCC and IPC aids such as the MCP tool and picture codes (being adapted from PACT materials)
    - BMI protocol cards were made for all HIV Prevention Officers to augment the training.
- Performance support visits have been done with 11 community mobilizers and site managers using a supervision checklist; emphasis during these visits is given to helping community mobilizers assert themselves as forerunners for outreach and to increase the effectiveness of campaigns that promote uptake of services.
- Regarding male circumcision, IEC materials (A6 laminated color posters) on cross sectional uncircumcised penis, points of entry of HIV infection and post circumcision were distributed to participants.
- Baseline BCC assessments were conducted at all six faith-based hospitals, and with LLCL. The goal is to collaboratively develop a clear picture of what is being done in terms of BCC and then identify the way forward for strengthening.
- Quarterly QA, M&E, mentoring and monitoring visits were conducted to all New Start community mobilizers and FBH PO's. A checklist tool was created, completed with partners and submitted back to partner organization for action.

Community Outreach:

- During this reporting period the teams identified and focused educational efforts on most vulnerable groups in their areas. Due to severe flooding in the Northeast and Northwest many communities were displaced from their homes in April and May and were living in temporary camps for months afterward. The complete disruption to their lives and heavy personal and financial losses created immense vulnerability amongst the camp dwellers. LLCL outreach teams responded by visiting these camps regularly to provide education and information on HIV prevention methods.
- LLCL integrated male engagement and healthy gender norms into all of their activities during this reporting period. The NE team was invited by the Catholic Church to address a men's conference with 220 male participants. The team worked with the men to identify unhealthy gender norms which may be fuelling the HIV epidemic and presented on HIV prevention methods, MCP, HCT and the value of counseling and communication in marriage.
- At Onandjokwe hospital the HIV PO who came on board in June quickly assembled, trained and mobilized the Oniipa youth group called "*Together we can make a change*". Though creating HIV awareness will always be important the aim of this group is to empower them to be community promoters of behavior change and societal transformation in terms of HIV. The group has been trained using the MCP flannel gram, the film *The Three Lives of Phillip Wetu* as well as on the importance of HCT, positive living with HIV,

preventative hygiene and nutrition. This group will assist the hospital in educating surrounding communities as well as people attending the hospital.

- The Onandjokwe prevention personnel distributed 738,480 condoms during this reporting period.
- At Nyangana hospital the HIV prevention officer is tackling the issue of MCP with hospital support staff. This is a small group intervention and the same group will receive four full sessions on MCP using first the MCP flannel gram and then three sessions of' *The Three lives of Philip Wetu"*
- LLCL began a strategic intervention during this reporting period designed to let community members themselves identify the behaviors they need to change in order to decrease the burden of HIV. This was accomplished through a series of focus group discussions with LLCL in the lead but facilitated by teams of relevant service providers and community gate keepers. Okahao village in Omusati region was targeted for intervention because of the extremely high HIV prevalence rate of 32%. The LLCL team leader and regional coordinator was accompanied by the regional manager, community activator, two volunteer counselors, four school principals, seven headmen, and other opinion leaders including the high ranking police officer, businessmen and church leaders. The team was welcomed by a senior traditional headman who is also the spokesperson for the Ongandjera Traditional Authority.

Training and Organizational Strengthening:

- In the second quarter, Personal Growth trainings were conducted for 162 Participants (53 males & 109 females) from Rehoboth, Khorixas, Otjiwarongo, Rundu, Gobabis, and Katutura. Participants were drawn from PEPFAR Partners (CAA, Namibian Red Cross Society, Rhenish AIDs Program, ELCAP, Nawa Life Trust, LLCL, St. Mary's Hospital, TCE, Tusano Support Group, AED (RACE); Government Ministries (Min. Gender Equality and Child Welfare, Min. of Youth and Sport, Min. of Safety & Security, MOHSS, Min. Of Works and Transport, Ministry Environment and Tourism, Min of Education)and other NGO's (Cross Community (AA), Revive Restore Rehoboth, Reho Kiddies Club, RHB District Community for Elderly, Light for the Children, Catholic Women's Group, Lironga Eparu, Welwitschia Farmers Union, Shalom Church, Teacher Recourse Training Centre (Khorixas), Multipurpose Centre Otjiwarongo, Lironga Eparu, Aids Care Trust (ACT), Positive Vibes, Penduka).
- HIV Prevention Officers from IntraHealth-supported partners attended four trainings during FY2009: (1) Know your epidemic, know your job; (2) Gender-based norms and interventions; (3) Brief Motivational Interviewing TOT; and, (4) IPC facilitation, flannel gram and "The Three Lives of Philip Wetu".
- Responding to the growing need to develop capacity for skilled facilitators in the country, LLCL conducted facilitator trainings. Facilitating dialogue is an essential element of behavior change approaches. Participants were drawn from the ChildLine team, LLCL Windhoek and Ondangwa offices, CHS Rehoboth, Orange Babies Rehoboth and CAA Rehoboth. It was a theoretical and practical training- the practical aspects enabled them to try out their facilitation skills and they could readily get feedback from both facilitators and fellow participants. According to the pre and post evaluation, participants have shown between 40% – 50% increase in knowledge.
- LLCL has integrated a supervisory and mentoring component as follow-up to their trainings. Supervision of probationers was done in Rehoboth, Otjiwarongo, Khorixas, Rundu, Gobabis and Windhoek. A total of 61 probationers were supervised and have demonstrated abilities to counsel therefore will receive certificates in Basic Counseling. The probationers came from other PEPFAR funded organizations such as ELCAP, CHS, RAP, CAA, AED/USAID, TCE, Nawalife trust, Red Cross, Cross Community, Rehoboth Restore Revive, Aids Care Trust, Penduka TB Program, Lirongo Eparu and Women & Child Protection Unit (WACPU) and government ministries such as Ministry of Youth, Ministry of Gender Equality and Child Welfare, Ministry of Health and Ministry of Education.
- Child counseling began during this reporting period. The main focus of child counseling training is to improve participants understanding of how to communicate with and help children; child development stages, signs of child abuse and HIV/AIDS in children. The training took a holistic approach which addresses the emotional and developmental issues in children within the context of the family. Participants were drawn from PEPFAR partners; Church Alliance for Children (CAFO), CHS, CAA, LLCL staff, Positive Vibes, Penduka TB Program, Ministry of Gender, Equality and Child Welfare.

Challenges, Constraints & Plans to Overcome Them

- Male Circumcision:
    - Demand creation of MC will increase the workload for doctors and nurses. One nurse per site for circumcision may be required for booking and organizing theatre for MC.

    - A training is scheduled the second week of October to train more doctors and nurses, which is expected to increase the number of MC clients, especially in Onandjokwe and Oshakati Hospitals.
    - Most facilities do not have enough equipment (kits) for MC. IntraHealth will provide all its supported sites with the needed instruments to perform MC at national and international standards.
- Although all post occupational exposure and rape victims received PEP, some facilities, including Oshikuku, Onandjokwe, do not have clear reporting system. IntraHealth will ensure that all its supported sites have a clear and standardize reporting system in place in the next quarter.
- The floods in both the North and Northeast of the country limited all prevention teams and staff ability to conduct outreach.
- The prevention officers are often pulled out of prevention activities and assigned other work.

Planned Events for the Next Quarter

- Male Circumcision:
    - Train doctors and nurses from all IntraHealth supported sites in MC and support the roll out of this program.
    - Support traditional circumcisers through training to reduce complications related to traditional circumcision, including bleeding and infection.
    - Start MC at the two Military health facilities in Windhoek and Grootfontein.
    - Jhpiego will provide follow-up supportive supervision to the participants in the initial MC training.
- Standardize the reporting system for PEP in all IntraHealth supported sites.
- Training on HIV competency, child counseling, personal growth, basic counseling and supervision.
- Generic counseling and community outreach will continue at LLCL centers.
- A follow-on training will be held on conducting baseline surveys for POs, and facility based M&E staff will begin the activity.
- Round table meeting with PMOs, matrons, DCs and POs will be held with the aim of strategizing on facility-based prevention, indicators, successes and challenges.
- The first PwP training conducted for IntraHealth clinicians and counselors will be held.
- Support, quality assurance and mentoring visits to partners will continue.
- A dual protection pamphlet for FP clinics will be developed, and the First Lady of Namibia has agreed to feature in this hand-out.
- Orientation visit for the new USAID prevention person.
- An analysis of the partners' performance and activities to determine effectiveness of current interventions.

2.4 Program Area 4: Palliative Care (HBHC)

Under IR4, pursuing the goal of reducing morbidity and mortality among PLHIV, IntraHealth is supporting the implementation of the facility-based clinical component of the minimum package of basic health care in 6 faith-based health facilities and their satellites. By the end of FY2009, 27 service outlets were providing the integrated palliative care package.

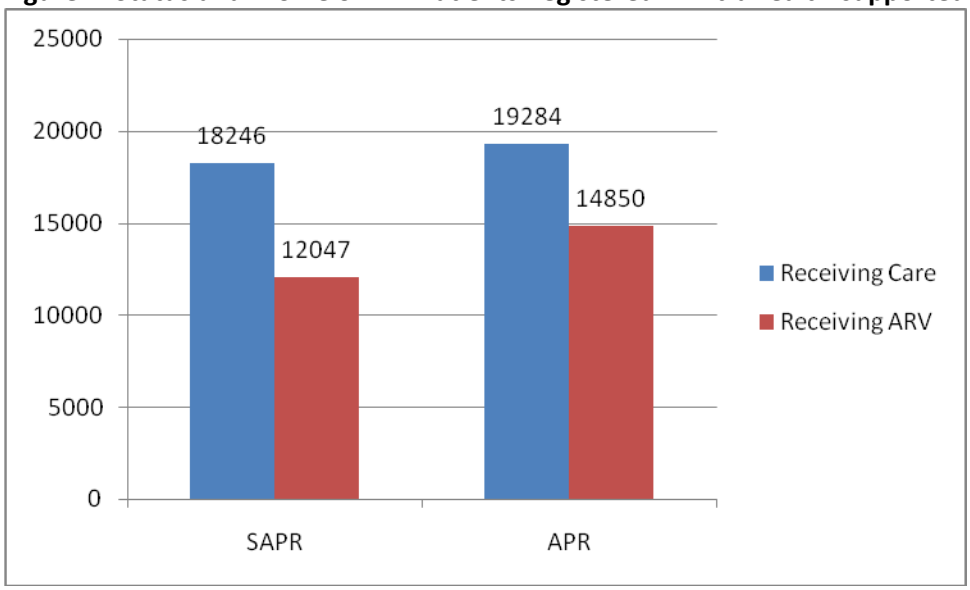
The following elements of the clinical palliative care are provided: prevention and treatment of OIs, including co-trimoxazole prophylaxis for eligible HIV-positive patients and HIV-exposed infants; TB screening; isoniazid (INH) prophylaxis, based on eligibility criteria; pain and symptom management, including the use of opioids; nutritional assessment and food promotion, including hygiene and food demonstration through kitchen corner; and, micronutrient supplementation in the form of multivitamins, iron and folic acid. Patients are also provided with psychosocial support and linked with other palliative care providers, such as the Red Cross and other community-based organizations. The transport vouchers initiative was re-evaluated and, ultimately, was not implemented. Integrated Management of Adolescent and Adult illness (IMAI) was rolled out during FY2009, and outreach activities were strengthened.

Accomplishments & Successes

The main activities of this program area include enrollment of patients for chronic care and eligibility for ART through clinical, immunological and social evaluation, and adherence counseling. The program further screens for opportunistic infections and provides prophylaxis. Patients are also provided with psychosocial support and linked with other palliative care providers, such as the Red Cross and other community-based organizations.

With the improved FileMaker data system (ePMS) data entry, IntraHealth is able to report on the number of PLHIVs registered in care in all supported sites. By the end of FY2009, 19,284 PLHIV actively provided with palliative care during the period (see Figure 4 below), exceeding the target of 17,600 people by approximately 10%.

Figure 4: Status and Profile of HIV Patients Registered in IntraHealth-supported Health Facilities



Of those patients receiving palliative care, 14,850 are currently receiving ART. The remaining number includes those on pre-ART care until they qualify for ART initiation, as well as patients who are lost to follow up, transferred out, or stopped receiving ART but are still receiving care. Patients in pre-ART care are actively followed up and provided with the above-mentioned package of care. In busier facilities, pre-ART care has been strengthened through assignment of specific nurses to the duty of registration and follow-up of these patients. This will improve the timely commencement of ART in an effective continuum of care, as CD4 count and clinical monitoring are critical to optimum timing of treatment initiation. During FY2009, 3,469 patients were started on cotrimoxazole prophylaxis (CTP), and by the end of the reporting period, the cumulative number of clients receiving CTP was 14,606.

Pediatric Care Activities

- As a result of the wide use of DNA PCR testing for HIV exposed infants, more infants and young children are enrolled in care. During FY2009, out of 19,284 patients provided with HIV care, 2,752 (14%) were children under the age of 15. Of those children provided with care, 344 (12.5%) were infants (less than 12 months of age). The 2,752 children receiving care in FY2009 represent 79% of the total number of children ever enrolled in care, 3,502.
- In all IntraHealth supported sites, pediatric care also includes the diagnosis and treatment of malaria, and referral for routine and timely immunization programs and campaigns. Routine provision of CTX at 6 weeks of age is given, according to the national guidelines for HIV exposed infants. For HIV+ children, CTX is continued, as well as IPT, TB screening, nutritional assessment, pain management. All IntraHealth supported facilities offer diagnosis and management for OIs and co-morbidities, including diarrhea and pneumonia. As with adults, all children in care are screened routinely for TB in every follow up visit, and referrals are made for suspected cases to the TB clinic for registration, prescription and follow up. Likewise, HIV testing is conducted for all children diagnosed with TB. Infants testing HIV- though have ongoing exposure through breastfeeding are retested
- Close follow up and adherence counseling are provided for children. IntraHealth sites utilize the ePMS for defaulter tracing, i.e. patients lost to follow up, and also provide spiritual care and referral to other services provided be the GRN, other NGOs and FBOs.
- Nutritional assessment, counseling and support, including infant feeding counseling in the PMTCT and pediatric care programs, based on AFASS, is provided. In addition, anthropometric status is monitored, micronutrient supplementation (multivitamin, Vitamin A, iron and folic acid) is provided, and severely malnourished children are referred for admission to the inpatient ward.
- The ART clinic at Onandjokwe receives support from the pediatrician at the hospital, while Nyangana hospital receives support on a quarterly basis from the regional ITECH clinical mentor who is also a pediatrician. However, more training is needed for health care workers to improve the quality of pediatric services, including EID with the national algorithm for diagnosis, clinical and immunological evaluation, and training on the use of provider-initiated testing and counseling.
- IntraHealth is supporting its partners to provide family centered pediatric and adult HIV prevention, care and treatment programs, in which children and their families are given co-scheduled appointments to ensure adherence, reduce stigma and minimize transport costs.
    - As part of this family-centered approach, partners encourage counseling and testing of children from previous pregnancies for all mothers enrolled in the PMTCT program.
- Onandjokwe is providing a child friendly setting, in which a specific room is used to receive children with high viral load, and/or difficult cases; the room is decorated for children, and toys are available for them to play with during the visit.
- IntraHealth is working with its different partners to improve child counseling. In FY2009, LLCL adapted the child counseling curriculum developed by CHS and trained 25 staff members from different PEPFAR partners in child counseling. The MoHSS currently is using the same document to develop a national curriculum for child counseling.

Kitchen Corner

Kitchen corner activities are being conducted weekly in Oshikuku and Onandjokwe districts. The package includes education on a balanced diet, as well as practical demonstration of food preparation using locally available foods. Oshikuku also encourages mothers to grow foods in home gardens. Participants include caretakers of all children under 5, pregnant and lactating women irrespective of HIV status, HIV infected children, adolescents and adults. Weekly events are conducted by 1 nurse and 1 community counselor, both trained on nutritional issues. The children who attend the event range from 4 months to 14 years, regardless of nutritional status in order to avoid stigmatization. In FY2010, IntraHealth will encourage partners to increase collaboration with other hospital departments (e.g. pediatric wards, PHC) in conducting the kitchen corner activities.

- Oshikuku targets mothers in the PMTCT program, and during the reporing period, 153 PMTCT mothers attended nutrition classes, bringing the cumulative number of mothers attending these sessions to 651 to date.
- Onandjokwe focuses on caregivers of HIV+ malnourished children, and reached 278 children with their caregivers during FY2009.

Other Activities

- The link between the ART clinic and in-patient department, which required strengthening in nearly all facilities, especially Onandjokwe, has improved through in-service trainings and departmental meetings conducted during the 4th quarter of FY2009.
- A referral system workshop was conducted for all IntraHealth supported sites and 32 health care workers, including doctors, nurses, counselors, and site managers. The training was designed to improve patient flow, care and support.
- Two facilities (Odibo and Onandjokwe) developed a screening tool, based on the recommended TB treatment guidelines. The aim was to increase screening for TB among HIV positive patients, including those on ART, thereby increasing the provision of INH to those patients who qualify.
- Integrated Management of Adolescent and Adult Illness (IMAI) was rolled out and outreach activities were strengthened.
- The clergy training was conducted in Windhoek from September 15-18, 2009. Twenty chaplains from IntraHealth supported sites were trained, and are expected to begin spiritual counseling during the first quarter of FY2010.
- Pediatric "Care Givers" workshops were conducted in Oshikuku and targeted care givers of children. The aim was to provide them with information on treatment, disclosure, nutrition and adherence as well as providing a platform for sharing experiences

Challenges, Constraints & Plans to Overcome Them

- Operational research will be conducted in FY2010 to examine the factors associated with the high mortality rate for ART patients in Andara, and appropriate recommendations will be made, and interventions developed, based on these findings.
- Early defaulting in Oshikuku. Adherence counseling and preparation before commencing ART will be intensified in FY2010 in order to reduce the number of patients lost to follow up.
- The number of patients receiving services in Odibo is growing significantly, placing a strain on the staff members and their ability to cope.
- Resistance by some practitioners in CHS facilities to initiate INH prophylaxis. All doctors will be trained in TB/HIV collaboration in the next COP.

Planned Events for the Next Quarter

- Continue the supportive supervision visits to different sites during next quarter.
- Continue collaboration with CAA and the African Palliative Care Association (APCA) in a pilot program to strengthen community- and facility-based palliative care.
- Provide supportive supervision and conduct operational research on the increased levels of mortality at Andara hospital.
- IntraHealth will collaborate with the MoHSS regarding the referral system network before its implementation at partner facilities.
- A training on spiritual counseling will be organized for health care workers during the next quarter in order to better identify patients' needs for spiritual counseling and other services.
- An additional nurse will be recruited for Odibo in FY2010 in order to address the overload of patients.
- Scale up the kitchen corner activities in other IntraHealth supported sites.

2.5 Program Area 5: *TB/HIV (HVTB)*

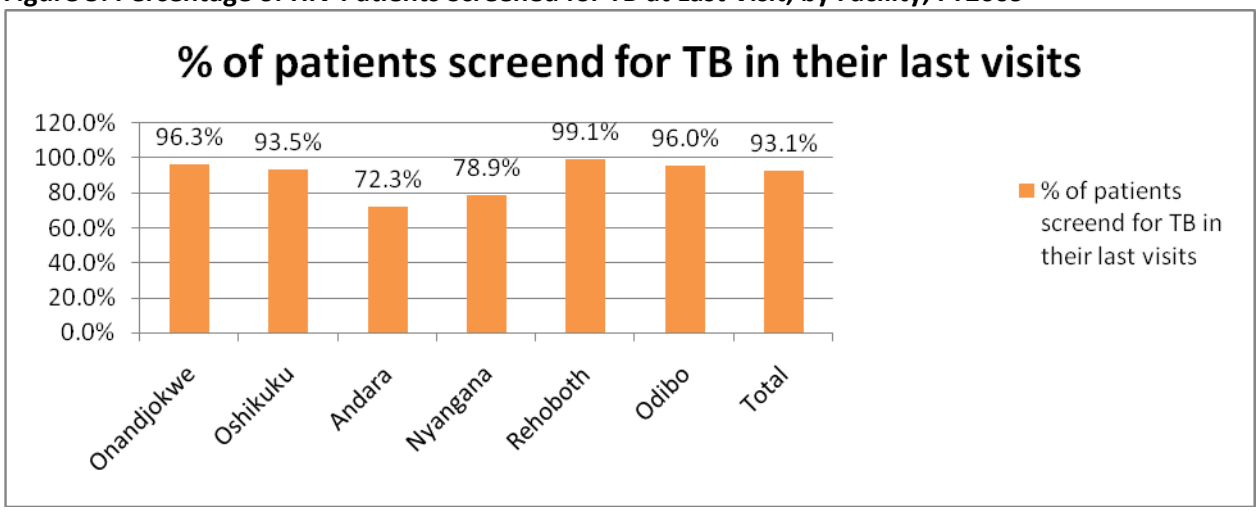
During the reporting period, IntraHealth has continued its support to the TB/HIV collaborative activities. These activities are aimed at strengthening linkages between the TB clinics managed under MoHSS at IntraHealth-supported sites. Currently 19 outlets are supported to provide HIV/TB integrated services.

Accomplishments & Successes

In order to decrease the burden of TB among PLHIV, all sites are engaged in the implementation of the WHO-recommended three I's (intensive case finding; infection control; and, INH prophylaxis). To decrease the burden of HIV in TB patients, a successful collaboration and referral system between TB clinics and HIV services facilitates the routine offer of HIV counseling and testing (CT) to all TB patients presenting with unknown HIV status. Similarly, patients accessing services from other hospital departments, both IPD and OPD, are evaluated for TB when/if they are symptomatic and offered HIV CT using the provider-initiated testing and counseling (PITC) approach.

At the end of FY2009, 1,641 (84%) of the 1,960 TB clients registered were tested for HIV and received their test results in the supported sites. Figure 5 (see below) shows the percentage of HIV+ patients screened for TB, by facility. Of those who had TB and were tested for HIV, 1,003 (61%) tested HIV+. The prevalence of HIV among TB patients has remained around 60% in most sites, indicating that the TB/HIV co-infection is still a crippling dual burden. All TB patients testing HIV+ were transferred for enrollment in HIV care and for clinical and laboratory evaluation, according to national eligibility guidelines. All sites have been synchronizing clinic visits for those co-treated to receive their follow-up care on the same day and reduce additional visits for each condition. Currently, 551 patients enrolled in HIV care or treatment are also receiving treatment for TB.

Figure 5: Percentage of HIV Patients Screened for TB at Last Visit, by Facility, FY2009



By the end of FY2009, 18,425 of 19,796 patients enrolled in HIV care (93%) were actively screened for TB at their last visit. A total of 494 patients enrolled in care were initiated on TB treatment during FY2009, of 286 are still receiving TB treatment as of the end of September 2009. Efforts were made to improve provision of INH preventive therapy (IPT) as per the national TB guidelines through reminders and awareness-raising among medical officers and nurses.

During FY2009, ePMS data entry regarding INH preventive therapy (IPT) was a challenge, which IntraHealth and partners addressed through data clerks. As a result, a significant improvement has been achieved in data entry. During the reporting period, 2,381 PLHIV were initiated IPT at the 6 IntraHealth-supported sites. An analysis of IPT register was conducted in Oshikuku to determine the outcomes for IPT in HIV clients from 2006-2007. The results showed that approximately 90% of clients completed the recommended 6-month course of IPT in Oshikuku. This analysis will be conducted in other sites in FY2010.

Other accomplishments include:

- Awareness of infection control for TB is increasing in all sites to promote better practices for prevention of cross-infection through basic measures such as open windows for ventilation, health education, cough hygiene, etc. Onandjokwe and CHS sites reported cooperation and acceptance of MDR patients regarding

the wearing of masks. This is an indication that ongoing health education will reverse the situation in other sites as well.

- 18 health workers attended a refresher course in advanced ART/TB management.

Challenges, Constraints & Plans to Overcome Them

- While data capturing for IPT in ePMS has improved significantly, it is not yet complete, thus data still has to be abstracted from the IPT registers in some sites. IntraHealth will continue to address this issue with its partners in FY2010.

Planned Events for the Next Quarter

- Health education and information to TB patients on infection control will be strengthened; all nurses in TB wards with the support of community mobilizers will conduct a session on a daily basis regarding the importance of HIV test, prevention of MDR TB transmission to family members, friends and other patients.
- Conduct supportive supervision visits to reinforce TB/HIV collaborative activities and completeness of IPT in the ePMS by Treatment Technical Advisor and the Technical Director in FY10

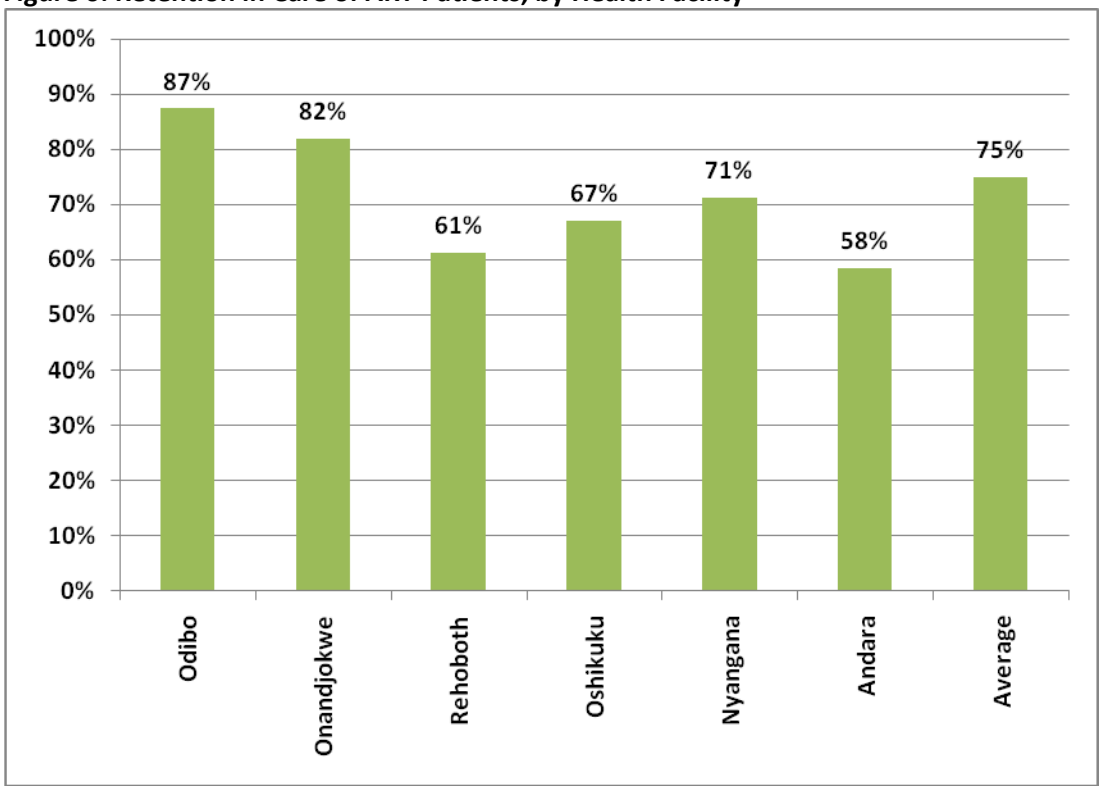
2.6 Program Area 6: *HIV/AIDS Treatment (HTXS)*

Under IR 4, IntraHealth is supporting an integrated and comprehensive HIV/AIDS care and treatment program for adults and children in 6 mission facilities, comprised of five district hospitals and one health center. This program is also extended to their satellite facilities through outreach services and IMAI. During the reporting period, IntraHealth supported 19 outlets in the provision of HIV/AIDS clinical care and ARV services.

Accomplishments & Successes:

Overall, 14,850 persons living with HIV are currently receiving antiretroviral therapy (ART). In the fourth quarter, 805 PLHIV have been newly initiated on ART. In FY2009, a total of 3,230 patients were initiated on ART, representing 98% of the FY09 target of 3,300 new patients. Out of 19,401 ever started ARV over the last 5 years, 14,850 are still receiving the treatment (77%) by the end of September 2009 (not excluding those transferred out). This relatively good trend of retention is a result of significant and continued efforts in adherence counseling, support group activities and active defaulter tracing. Figure 6 (see below) shows retention in care by facility in FY2009. Odibo Health Centre has the highest rate, and Andara the lowest rate, of retention in care, respectively. This is due, in part, to the fact that Odibo is a relatively new site, started in August 2008, while Andara has a high mortality rate as well as significant transport challenges for its catchment population, including a lack of public transport, long distance, and poverty that prevents clients from being able to afford transport.

Figure 6: Retention in Care of ART Patients, by Health Facility



Additional Highlights throughout FY2009

- The Annual Partners Review Meeting, organized by IntraHealth, was attended by 45 staff from partner organizations. Lessons learned during the implementation of HIV/AIDS programs were discussed, with a focus on scale-up and building capacity, quality, and coordination among partners.
- Onandjokwe hospital has increased the number of outreach points from four to seven. Most patients in the district must travel long distances for follow up and most of these patients cannot afford the transport. By opening these satellite facilities, transport barriers are being reduced.
- The treatment literacy materials, developed in collaboration with MSH and MOHSS, were officially launched by the MoHSS and an initial training was conducted; a pilot study started in September 2009 for six months.
- IntraHealth continues to collaborate with the MoHSS in participating in the Treatment Technical Advisory Committee meetings and capacity building of local staff.

- IntraHealth also continued its support to the MoHSS ePMS through regular consultations and mentoring of newly recruited data entry clerks and data analysts at the national level. It is reported that most MoHSS sites have made progress in data entry and accuracy checks. An additional training was conducted during the fourth quarter with 25 data clerks from across all regions were trained. This included MoHSS and IntraHealth supported sites.
- During FY2009, the HIV Clinicians Society provided training and updates on HIV medicine to 351 participants. Also during the period, 59 participants from IntraHealth supported facilities were trained in HIV care and treatment topics by I-TECH. In total, 410 individuals were trained during the year.
- During the first quarter of FY2009, partners were provided with technical assistance on M&E by both the Technical Director and by the M&E Officer as M&E and data quality are cross-cutting issues and of paramount importance in treatment, care and support. Since then, significant progress has been made with regard to quality assurance of data, and four of the six main sites have cleared their backlog of data. Overall, data quality in IntraHealth supported sites had improved, especially in Andara and Rehoboth.
- In the second quarter, the recruitment and placement of a Clinical Care and Treatment Technical Advisor (CTTA) was completed in order to offer an opportunity to improve program oversight, management and capacity building of partners and enhance program sustainability. In the same quarter, Onandjokwe successfully completed the recruitment of an additional Medical Officer who obtained his work permit and assumed duty in February 1, 2009. This had eased the workload at Onandjokwe.
- In March 2009, all 454 patients living in the Odibo catchment area, of whom 346 were receiving ART, were transferred from Engela Hospital to Odibo health centre. The recruitment of a pharmacist assistant to strengthen the ART team has been completed. Currently, Odibo has a complement of a doctor, registered nurse, pharmacy assistant and a counselor.
- In the last quarter, CHS recruited 2 Medical Officers (MO) for Oshikuku and 1 MO for Nyangana to replace the MO promoted to the post of Provincial Medical Officer. A doctor and a pharmacist were recruited by the MoHSS for Okalongo Health Centre, which will ensure daily ART services.
- Two abstracts from Onandjokwe, one on data capture and management to improve quality of services and the other on side effects of AZT were accepted for presentation at the HIV Implementers Meeting held in Namibia in June, 2009.

Treatment of Children:

In the fourth quarter of FY2009, IntraHealth-supported sites enrolled 104 children (13% of new patients) onto ART. In FY2009, out of 3,821 who commenced on ARV, 407 (11%) were children. Figure 7 (see below) illustrates the percentage of children, out of the total number of patients on ART, by facility at the end of FY2009. Partner facilities have been continually sensitized on active screening and earlier identification and recruitment of HIV-exposed children in order to expedite entry into care and treatment. Early infant diagnosis and the recommended WHO approach of commencing ART earlier for children have been rolled out in all IntraHealth supported sites. This change in treatment protocol is expected to have a significant increase in the ART initiation among children younger than 12 months of age.

Child- and Adolescent-Friendly Services

One of IntraHealth's partners, Onandjokwe Hospital is leading the way in addressing the special needs of children and adolescents. Onandjokwe has 2 dedicated staff members and a visiting pediatrician designated to provide care services for children and adolescents. The two nurses working in this area are trained on pediatric ART and the management of malnutrition. Nutritional assessment has also improved through the donation of RUTF (plumpy'nut) through the Clinton foundation.

Onandjokwe Hospital established a pediatric room to help improve the quality of care provided to children on ART. As noted in the palliative care section (see Section 2.4), Onandjokwe is has set aside a specific room for receiving children with high viral load, and/or difficult cases; the room is decorated for children, and toys are available for them to play with during the visit. Separating the children and their caretakers from the other adult patients enables the nurses attending them to provide focused attention. Home visits are also conducted, thereby addressing individual issues.

The initiative is faced with a number of challenges, chief among which is the fact that there are too many child and adolescent patients for the number of staff designated and trained. Moreover, some of the children are provide services in the outreach sites, thus they do not benefit from all of these services. Unfortunately, some care takers

are not providing adequate care, and some children are neglected. In general, the social support system is weak. Thus, there are some children who qualify for social grant, but they have not yet received it. These children often end up missing follow up appointments due to financial constraints, despite having qualified for a grant. Lastly, there is need to separate adolescents from the children, as these two groups have very different needs.

Figure 7: Percentage of Children on ART to Total ART Clients, by Health Facility

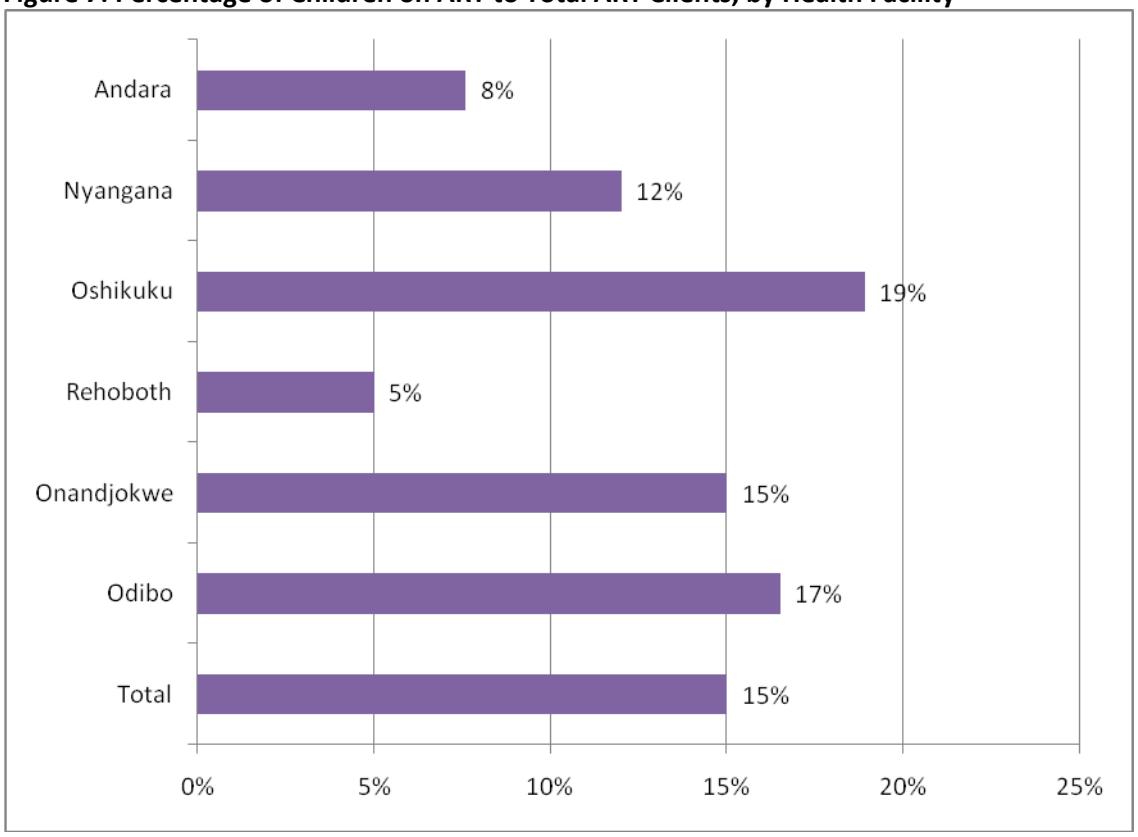


Table 1: Outcomes for IntraHealth supported Sites, September 2008 Cohort (12 months)

Cohort Component	Onandjokwe	Oshikuku	Andara	Nyangana	Rehoboth	Total (%)
Total	173	59	24	34	10	**300 (100%)**
Still on 1st Line (original or substitutes)[EWI3]	147	45	12	26	8	**238 (79%)**
Switched to 2nd line	1	0	0	0	0	**1 (0%)**
Transferred Out	5	2	3	0	0	**10 (3%)**
Died	16	1	4	5	1	**27 (9%)**
Stopped	2	0	1	0	0	**3 (1%)**
Lost (<30 days)	2	11	2	3	1	**19 (6%)**
Lost to Follow Up (>90 days) (EWI2)	0	0	2	0	0	**2 (1%)**

WHO Early Warning Indicators (Optional Indicators)

Out of 300 patients started on ART in IntraHealth-supported sites a year ago, 238 (79%) are still on first line treatment (on original or substitutes regimen). As noted above, the lost to follow up in IntraHealth-supported sites may be due, in part, to the location of these facilities in rural and semi-rural areas in which the population faces challenges including distance, poverty, unavailability of transport in some directions, food insecurity and the flood situation in the North. These challenges will be addressed by strengthening outreach activities, which may require additional resources, such as vehicles and staff. Figure 8 (see below) shows retention in care, mortality, lost to follow-up and patients who stopped ART, for all patients according to one cohort in each quarter of FY2009.

Figure 8: Patient Status by Cohort (December 2007, March 2008, June 2008 and September 2008)

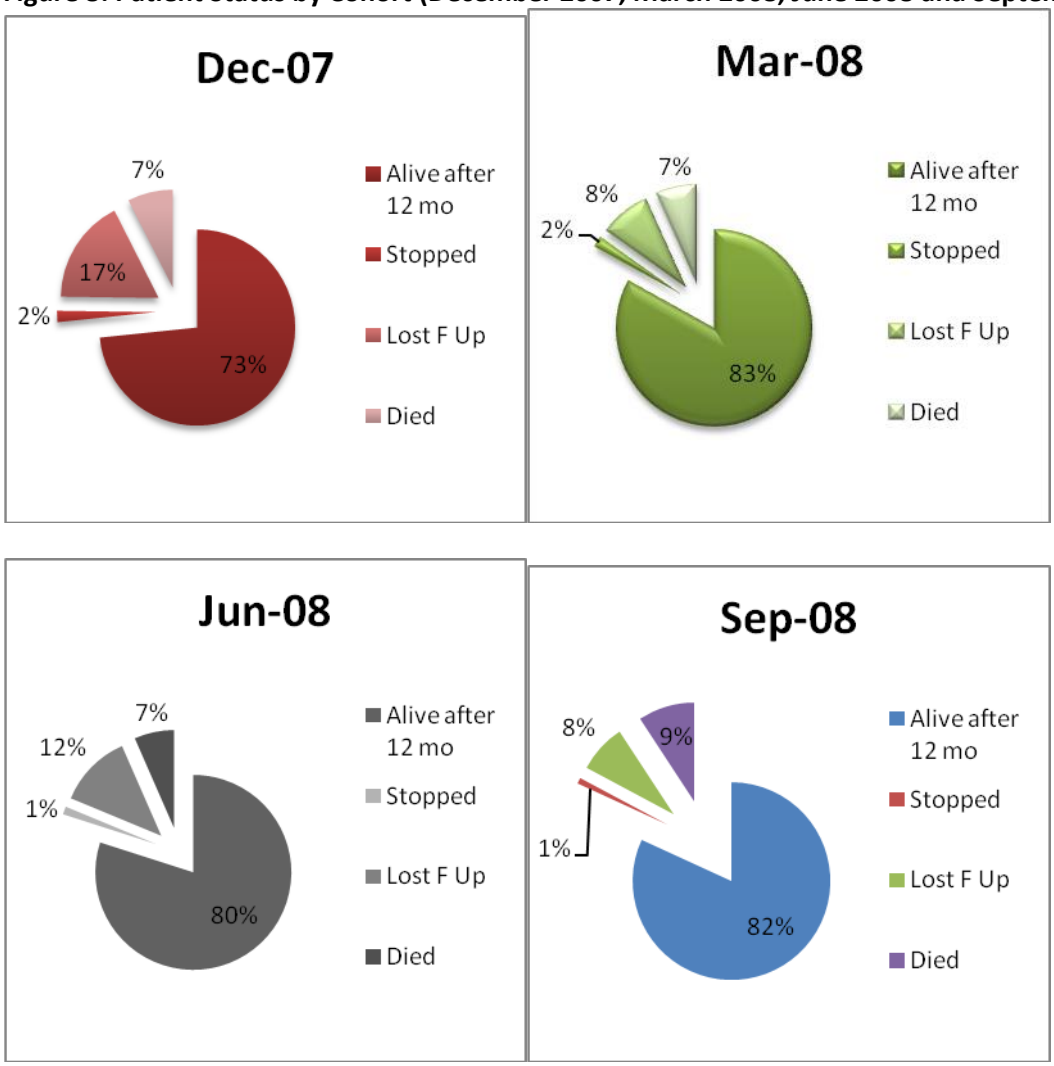


Figure 9 (see below) shows the percentage of patients who were lost to follow up after 12 months of treatment initiation for the September 2008 cohort. Figure 10 (see also below) shows the percentage of patients still on first line therapy after 12 months (WHO Early Warning Indicator #3).

Figure 9: (WHO EWI #2) Percentage of Patients initiating ART who were Lost to Follow Up during the 12 months after ART Initiation, by Facility (September 2008 Cohort)

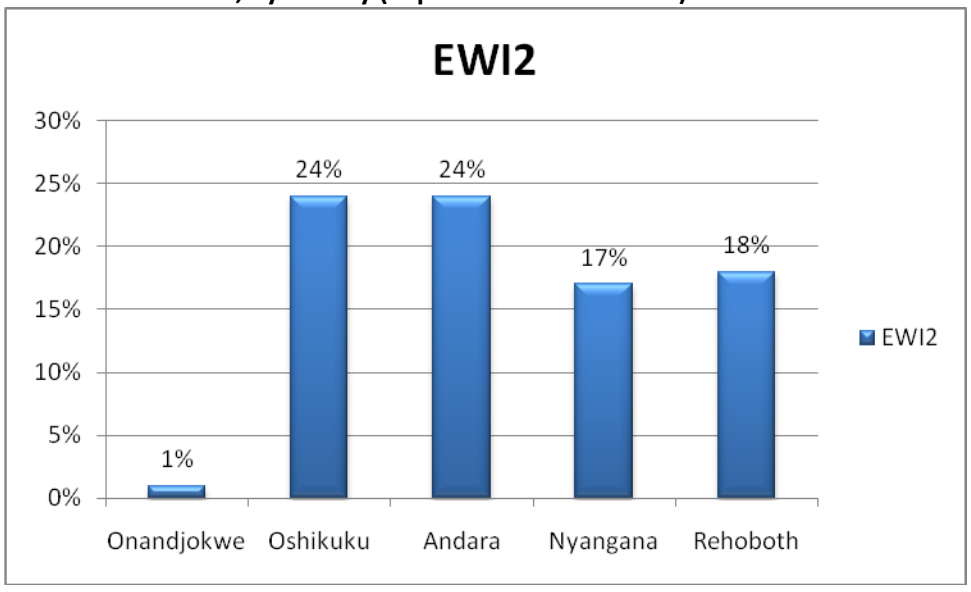
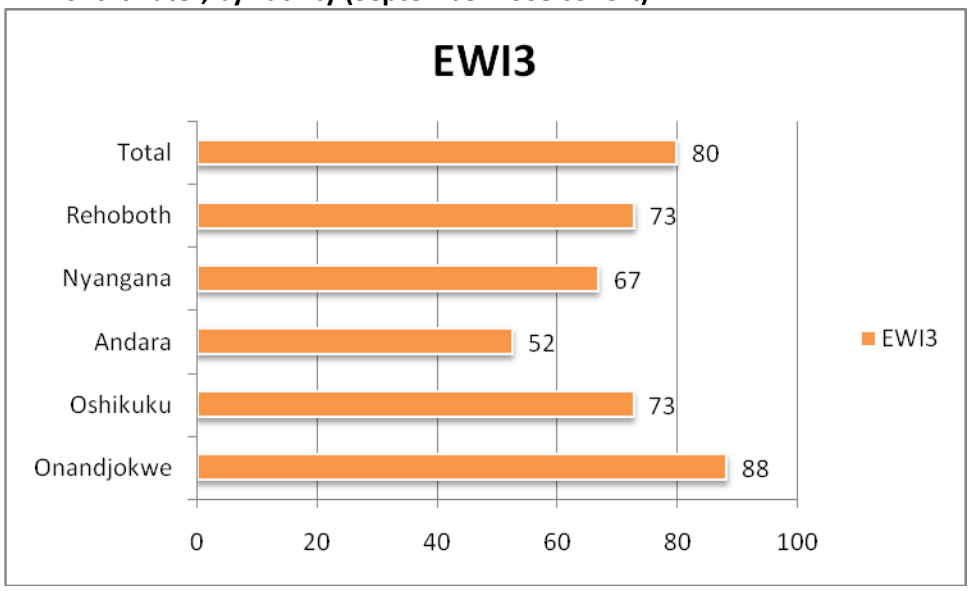


Figure 10: (WHO EWI #3) Percentage of Patients Initiating ART who are Taking Appropriate First Line ARV Regimen 12 months Later, by Facility (September 2008 cohort)



Challenges, Constraints & Plans to Overcome Them

- The number of patients receiving services at Shanamutango has outstripped the available space in the pharmacy, and the staff members are barely coping. IntraHealth is in the process of procuring pre-fabricated rooms via SCMS, which are expected to provide some relief.
- Omuthiya clinic, an outreach site in Onandjokwe district, has the potential to become an independent ART site provided funds are made available to support staffing and infrastructure. Omuthiya was recently proclaimed a municipal town and is hosting the regional councils. Consultations are underway at the regional level for resource mobilization in view of possibly building a hospital.
- Data quality and data entry in ePMS remain a challenge in all IntraHealth supported sites, with the exception of Rehoboth. M&E staff from CHS and IntraHealth will focus more on training in all supported sites on data quality and data entry in FY2010.
- Although, all IntraHealth supported sites are conducting tracing of ART patient defaulters, the availability and cost of transport cost remain major challenges, especially in Oshikuku and Onandjokwe.
- Supportive supervision and operational research will be conducted in the coming FY2010 to establish the factors associated with increased mortality for ART patients in Andara. Once these factors have been identified, appropriate interventions will be developed.
- Adherence counseling and treatment preparation will continue to be intensified in FY2010 in order to reduce early defaulting by patients in Oshikuku.

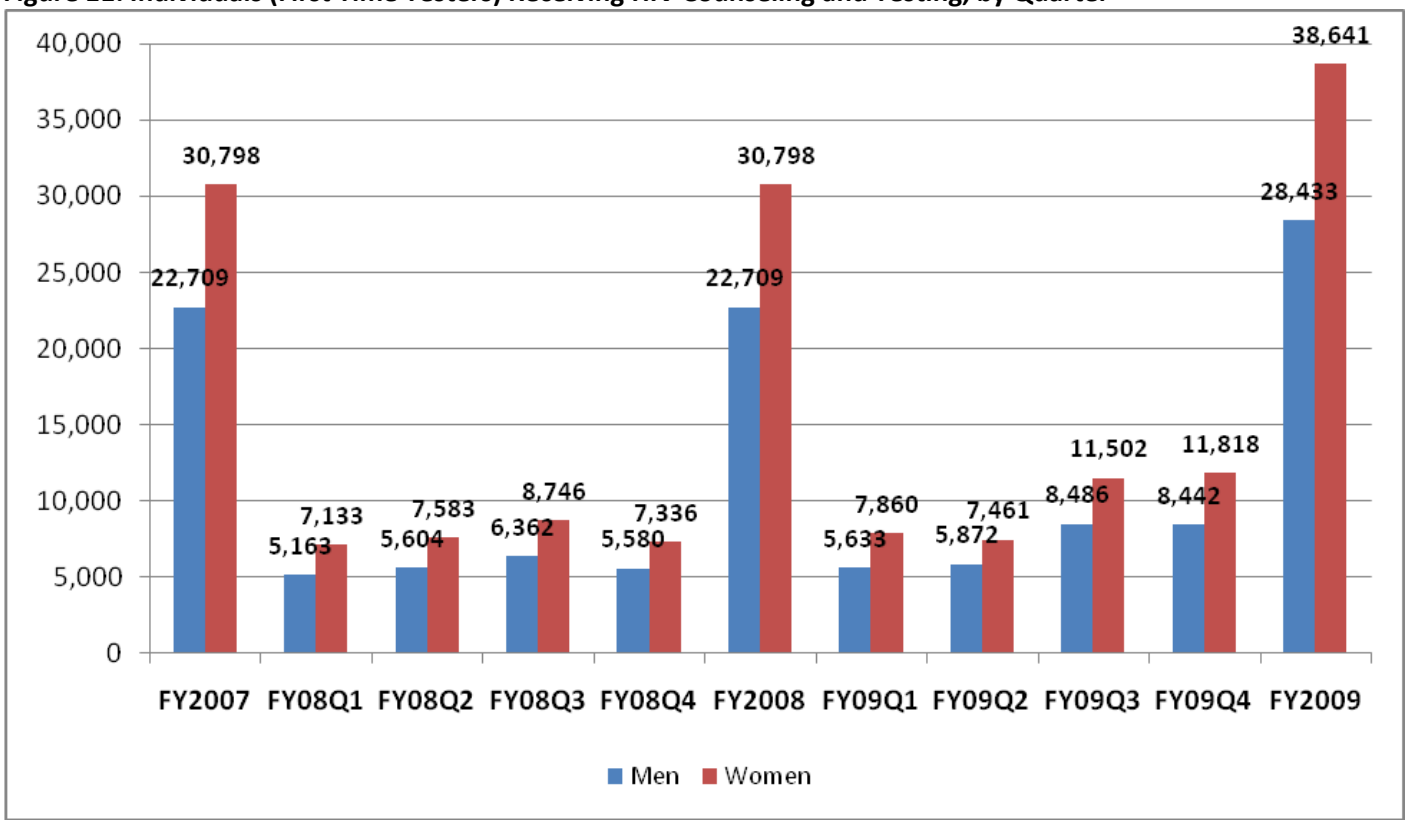
Planned Events for the Next Quarter

- Strengthen the outreach activities and increase number of outreach sites in Oshikuku and Onandjokwe.
- Initiate outreach services in Onamumnama village, 30 km from Odibo.
- Training of 180 Health care workers, including HIV clinicians society members (public and private practitioners) in updated ART guidelines.
- Organize training on data quality and data entry for all data clerks and nurses in ART clinic.
- Implementation of the Treatment Literacy Materials in all IntraHealth supported sites by the end of FY10.

2.7 Program Area 7: Counseling and Testing (HVCT)

The IntraHealth-supported HVCT program continues to run successfully and has experienced success in scaling up outreach testing services in conjunction with the MoHSS. During the fourth quarter, 22,122 individuals received counseling, testing and received their test results, of which 20,260 (92%) were first time testers (see Figure 11 below). During FY2009, a total of 75,320 people were tested and counseled, of whom 67,074 (89%) were first time testers. The total number of first time testers represents 103% of the FY09 target of 65,000. The number of couples receiving counseling during Q4 was 1,221, 6% of the total number of people counseled in the quarter. In FY2009, a total of 7,311 couples were counseled. During the fourth quarter, 11,818 women (58%) and 8,442 men (42%) were tested. Overall, in FY2009, 58% of people tested were women, and 42% men. Of those testing HIV+, 63% were women and 37% men.

Figure 11: Individuals (First Time Testers) Receiving HIV Counseling and Testing, by Quarter



Accomplishments & Successes

Major activities carried out during FY2009 included:

- During the National Testing Week, May 8-12, 2009, a total of 12,175 people were tested, contributing to 15% of overall people tested during the national campaign.
- New Start teamed up with the Bicycle Empowerment Network (BEN) to create demand for HCT services at all of the Northern centers. The aim of this campaign was to increase client uptake at the New Start centers, as well as marketing New Start within the community. The concept of winning bicycles was very appealing to the community and this attracted people for testing at the centers during the campaign.
- In collaboration with the MoHSS, couple counseling trainings were conducted in April, with sessions held concurrently in Windhoek and in Ongwediva. A total of 25 counselors from the different new start centers attended the training. This training was based on the need to support the Namibian National HIV Testing event which had a focus on mobilization clients for couple/partners testing.
- The annual partners review meeting was successfully held in June 2009, at which all partners were present. The aim of this review meeting was to provide partners with a platform to share success and lessons learned. Time was also dedicated to developing understanding of targets, indicators, and MCP concepts.
- During FY2009, Regional VCT Coordinators were identified and relocated to the North West and North East regions to improve support for activities in these areas. This will result in more consistent and frequent quality assurance and support supervision visits.

- IntraHealth has continued collaboration with NLT on demand creation.
- A MOU with ELCAP to support the Rehoboth ELCAP Global fund funded site was signed and will allow official support to be rendered both from our VCT supervisors quality assurance and RT and from NLT with demand creation support
- A workshop was conducted by IntraHealth for all facility based and stand alone center, where the referral system for VCT was introduced to the different partners.
- The VCT coordinators attended a workshop facilitated by the MoHSS on counselor stress and supervision. The MoHSS is working towards unifying most processes within HIV CT in Namibia, and the workshop was essential in order for the VCT coordinators to incorporate this training at VCT centers in their regions.
- Outreach counseling and testing at the Windhoek show grounds in collaboration with the MOHSS and other new start sites; 957 clients were counseled and tested during that week.
- A successful meeting between IntraHealth and the Khomas Regional Directorate of the MoHSS was held to discuss the way forward for Outreach counseling and testing in the region, and to best discuss how the minimum packaged as proposed by the MoHSS is best utilized by the free standing HCT sites.
- Swakopmund New Start embarked on a very successful outreach in different towns along the Erongo region in the month of July, whereby they managed to counsel and test a total of 670 clients. This collaboration was also possible due to the positive collaboration with the MoHSS and Medicos Del Mundos which provided transportation to the outreach sites
- "Edusector Outreach," as part of outreach activities, was in response to a request from the Ministry of Education to do counseling on their Edusector Day, held September 24-25, 2009; a total of 395 teachers were counseled and tested.
- Supportive supervision visits were conducted with all partners throughout the year.

Community mobilization

During the fourth quarter, the IntraHealth prevention team conducted four trainings for New Start community mobilizers focusing on basic social and community mobilization technique, approaches and theory and developed strategies to increase uptake at New Start centres. Much work has been done with New Start management to ensure shared understanding about the importance of increasing the number of people seeking to know their status. This intensified approach has borne fruit, and there has been an increase in outreach testing events, community mobilization events, and a subsequent increase in the number of people tested. Highlights from the quarter include:

- Performance support visits are conducted quarterly with 18 community mobilizers and Site Managers using a supervision checklist. Emphasis at performance support visits is on the Community Mobilizers assuming their role as the forerunners for all outreach/mobile HCT.
- IntraHealth prevention staff observes and then mentors partner staff with site managers to help strengthen the capacity of managers, and especially their supervisory skills. IntraHealth has provided guidelines for quality assurance visits for improving mobilization as well as communication and general functionality in the sites.
- Partners now use an approved and agreed upon agenda to help ensure continuity of messaging and approach. The Partners add subjects to discussions which they have been trained on and when appropriate, such as MC or MCP, but are encouraged not to deviate too far from the agenda. This also helps staff in supervision of the activity.
- Partners were provided with health district maps from the National Planning Commission, DHS's and "The drivers of the epidemic" study to improve planning.
- As discussed in section 2.3, the MCP tool developed by PSI Mozambique has been adapted by IntraHealth to suit Namibia and was distributed to CM's in July after training.

Community Mobilization Highlights for FY2009:

- As noted in section 2.3, the Outapi New Start CM reached out to MARPS at Ruacana military base with over 70 army personnel in attendance. The main highlight was the MCP presentation with soldiers indicating their shock as the implications of "the network" became clear through the exercise. This increased their desire to know their HIV status and the New Start center will conduct outreach HCT there in October.
- The LLCL Central Business District New Start Center has demonstrated consistent success in mobilizing people for HIV testing among the urban and industrial communities. Activities have taken place at the Windhoek College of Education, companies in the southern industrial area, Gamams training center and GRN medical stores. This center has assembled a cadre of trained volunteers to assist in mobilizing additional communities.

- IntraHealth operates one New Start center in Windhoek, the first VCT center in the country, located on the grounds of the Council of Churches of Namibia (CCN). It continues to provide service in Katautra, the most populated section of the city. The CCN/New Start staff gave a presentation on HIV counseling and testing to the Namibian parliament which was attended by 45 parliamentarians, including Ministers, deputy Ministers and councilors. This was a lively session with many questions and debate, and as a result the speaker of the house has asked CCN to provide HCT to the parliamentarians.
- The New Start centre in Rundu provided outreach testing services to two very rural communities, reaching hundreds of new testers in Bunya and Kachinakache. In both cases, the Partner went to these communities several days in advance to prepare the village gate keepers and residents for the testing days, which helped result in a large numbers waiting to be tested when the team arrived.
- The Partners were taught about strategies to increase male uptake of testing. Oshikuku New Start took the lead in this regard, hosting three "male conferences" with HCT offered on the final day. Prior to the conferences, extensive community mobilisation had been conducted. Invitations to community members were made possible by district Pastors, constituency councillors, traditional leaders, CACOC coordinators as well as through Namibia Broadcasting Corporation (NBC) Oshiwambo Radio.
- New Start Onandjokwe hosted a "Male Health" day during the fourth quarter. In the days leading up to the vent, extensive community mobilization was conducted in surrounding villages, including Oniipa and Ondangwa. The center saw a dramatic increase in men accessing health services during this day: on average, this facility tests 12-15 men for HIV per day, while during the Male Health Day, 85 men were tested.
- In Marienthal, the Partner was able to secure an appointment with the chairman of the farmers union. He convinced the chairman to allow him to address the assembled farmers at a union meeting. As a result, four of the commercial farmers responded to the educational session by transporting their farm workers to the centre for HIV counseling and testing.
- The Walvis Bay New Start centre (WBMPC) realized the need to focus on one of the largest group of MARPS in their area through HCT provision which fit their unique needs. WBMPC presented an educational session on VCT and HIV at the Walvis Bay prison. This team included a PLHIV who explained positive living to the inmates. As a result of this mobilization exercise, 400 inmates decided that they wanted to be tested. The WBMPC closed the NS centre to the public for a week and tested all of the men with transportation provided by the prison. With a relationship forged between the Partner and the prison, WBMPC began HCT at the prison.
- IntraHealth procured tents which are being used to intensify outreach and mobile testing in all the sites.
- There has been improvement in data entry in the Filemaker Database system, with the exception of a few sites which still have a backlog; the M&E team will work with these sites to clear the backlog during the next quarter. The tents are used for the administrative activities around VCT, as well as counseling and testing (and even to sleep in during the testing events!).

Rapid Testing Quality Assurance

Beginning December, 2008, recommendations from NIP changed the sample requirement of the retesting of rapid tests for external quality assurance (EQA). It has been reduced from every tenth client to every twentieth client, i.e. from a 10% to a 5% sampling. The change alleviated the amount of venous blood drawing. RT supervision visits were made to centers in the northeast, coast, central and south regions.

Proficiency Panel (PP)

Seventeen New Start sites participated in the PP during Q2. Not all have received the results of their performance assessment, but centers such as CCN, BNC and CBD who received theirs, attained a 100% score.

Annual visits by NIP

NIP had, for the first time, at the request of Intra-Health pledged to conduct annual visits to all NSC in the various regions. A schedule of their visits was given to all the site managers, and this is being done in conjunction with those of the ministry throughout 2009. A few of the NSC have already been visited, and the reports given were satisfactory.

Procurement of RT supplies

Problems in procuring certain items such as Determine/Chase buffer did create a concern during the national HIV testing day in May of this year. There were almost instances of complete shortages, but with the co-operation of

MOHSS this was avoided. Discussions with the procurers (SCMS) were held, so as to be better prepared for future events.

Partnership with MoHSS
During FY2009, IntraHealth collaborated closely with the MoHSS. For example, during Q3, IntraHealth supported and attended a follow up MoHSS-led CT workshop held in Otjiwarongo to review the completed HIV CT guidelines as well as the comments that were given on the document by different stakeholders locally and internationally. This was a very important exercise as it aids in finalizing the national guidelines and allow discussion on strategic direction of the CT program. The meeting also gave directives on how IntraHealth should handle the introduction of new initiatives, such as in-room testing, the establishment of new centers, PITC and a minimum package for the delivery of outreach testing which were also some of the new initiatives incorporated into the new HCT guidelines.

During the fourth quarter of FY09, MoHSS in collaboration IntraHealth and other stakeholders, finalized the process of having all HIV CT trainings under one body. This will ensure the standardization of HCT trainings in the country

Partnership with the Supply Chain Management System (SCMS)

- IntraHealth worked closely with SCMS throughout FY2009 to ensure consistent stock supplies of RT kits and other medical supplies. SCMS also supported the central business district site to refurbish its stock room. SCMS is also in the process of piloting a computerized program system with the LL/CL CBD site and the CCN center, which we hope will help to monitor the stock of consumables and other testing commodities and therefore improve the quality of stock control and orderings.
- SCMS has begun the training process and will hopefully complete the trainings once the pilot has been completed.

Challenges, Constraints & Plans to Overcome Them

Renewal of New Start Licences
The strict interpretation of the Health facilities Act under which all stand alone NS are licensed is threatening the renewal of licenses for many sites. Under that act, all stand alone facilities should have a Registered nurse to operate. Currently, only 4 sites out of 12 have a Registered Nurse. This issue is still under discussion with the MoHSS.

Repeated Risk Behavior
Based on the number of repeat testers, Namibians continue to place themselves at risk for HIV infection and/or worry that their sexual partner has. These behaviors are likely tied to the drivers of this epidemic, and are challenging to change, including MCP and alcohol abuse. By identifying experienced counselors to work closely with re-testers and promote behavior change, it is hoped this will begin to curb the high number of re-testers.

Transport
Lack of vehicles for the New Start Sites continues to make it difficult for sites to conduct outreach activities as well as have an effective partnership with other community organizations e.g. by doing presentations, attending meeting and strengthening network. Some sites share vehicles allocated for other activities within their organizations. Use of public transport is also being encouraged. Nevertheless, for outreach testing to take off in earnest, the sites will need consistent, reliable transport.

IEC Materials
Most sites are running out of these materials to support their outreach activities. Current available materials are insufficient; this affects information dissemination that we are providing to the clients. Development of new IEC and promotional materials are sought after. Recommendations is to have a pre-ordering schedule for NLT which can assist in informing them if sites are running low on materials. The prevention team is working closely with NLT to alleviate this.

Infrastructure
Space is a big concern to some of the sites as the demand for services increases. Relocating to new premises is a challenging move when it comes to disruption of services, rental fees, signage, etc. Most of our site's, the space in the waiting room is too limited for conducting IPC sessions and yet the weather is not always conducive to host these sessions outside the building due to lack of tents or gazebos for shading. Multipurpose centres have other

programs in conjunction with the VCT services that are available, therefore relocating the VCT outside their premises because of external noise or disturbance for example, OVC after school programs and soup kitchens, will disrupt the structure of the programs that are designed by the implementing organizations.

Training and Staff Development
During this reporting period the MoHSS assumed training responsibility for all VCT activities including New Start. The MoHSS has recently selected their training partner, and IntraHealth staff are investigating how the procurement of needed trainings should be requested and conducted. One of the areas in which our partners are requesting training is child counseling.

Archiving and disposing of old C&T Files
Since the commencement of VCT services in the country, many centers have now files that are more than 5 years old. As per the current guidelines there is need to establish a clear mechanism to dispose of the older files. IntraHealth will engage the MoHSs and inform the mission on the way forward.

Outreach testing
Scaling up of outreach testing remains a challenge due to restrictions enforced by MoHSS where New Start can only conduct outreach/mobile testing if accompanied by Primary Health Care teams for the provision of the minimum package. Efforts to relax the requirements have been submitted to the Permanent Secretary at Ministry of Health for consideration. IntraHealth has been in discussions with the MoHSS on how to relax these requirements without compromising quality of service provision to the public.

Planned Events for the Next Quarter

- Conduct outreach testing where approval is granted.
- Continue organizing site specific special testing days (e.g. male testing days) and working to expand hours to increase male uptake of CT services.
- Continue QA visits and mentoring to all sites
- IntraHealth will hire a consultant to train on mystery client in order to improve quality assurance in all IntraHealth supported sites in the country.
- Collaborate with the MoHSS to train partners' counselors in PITC, child counseling, stress management, and male circumcision counseling during FY2010.
- A male-focused media campaign will be launched as a collaborative effort between IntraHealth, the MoHSS and NLT. This has been developed collaboratively, and IntraHealth is working to ensure MoHSS approval and buy-in before launching. The plan is for the Minister of Health and Mr. Gottleib to jointly launch the campaign.

2.8 Program Area 8: *Strategic Information (HVSI)*

In 2007, IntraHealth, through the Capacity Project, developed improved tools and models for the collection, analysis and dissemination of HIV/AIDS information for the purposes of behavioral and biological surveillance and also for monitoring purposes. This includes the Electronic Patient Management System (ePMS) and School Program Database. Since then, IntraHealth has continued to modify and improve the ePMS system, and developed a VCT database in FY2009 as well.

Timely access to, and analyses of, high quality data is necessary to manage program activities, report on core indicators, and improve service delivery. IntraHealth worked closely with its partner organizations in FY2009 to improve the collection, aggregation, transmission, and use of core indicator data from service delivery at all levels. Activities included:

- Supporting the design of an HMIS that integrates separate HIV patient management information systems.
- Providing support for design, implementation, and maintenance of sustainable information systems to support service delivery.
- Identifying, evaluating and promoting the use of appropriate information system technologies to support partner organization's program strategies.
- Supporting efforts to harmonize data elements and core data sets.

During FY2009, IntraHealth continued to provide support for the national M&E division and partners to improve the quality of data, data collection, data use and report writing. The goal is to effectively and efficiently monitor and evaluate the response of IntraHealth and its partners for informed decision making. This will strengthen the capacity of IntraHealth and its partners to collect and use program data and measure its achievements and provide for accountability to the donor. IntraHealth also supported its partners in the use of information for effective program management. This was done through improving and harmonizing data collection tools, ensuring data coordination, data mining, analysis, dissemination and informing evidence-based program planning and improvement.

Accomplishments & Successes

The focus of the program for the year under review has been on developing the 'infrastructure' for an efficient, effective and fully functional M&E system, that aligns closely with the objectives of the Associate Award (AA). Hence, emphasis has been on training staff at the partner organizations at all levels and these capacity building efforts is important step a layer for further up-scaling of the program. IntraHealth developed and submitted the Performance Monitoring Plan (PMP) and other relevant documents, which facilitate the harmonization and alignment of partner organization reporting requirements to support priorities in line with the AA, and successfully recruited a second M&E position to enhance the support and capacity building provided to partner organizations.

In order to build the capacity of our partners and provide technical assistance, IntraHealth conducted several trainings in FY2009, including training on the ePMS in collaboration with the MoHSS and Global Fund for 107 staff members from ART clinics (including partner organization staf)f, basic M&E training for 25 staff members of partner organizations, and an advance "trouble-shooting" training for ePMS for a select group of RM&E staff. During the FY2009, IntraHealth worked with the DSP-RM&E subdivision to review and update the ePMS and provide telephonic trouble shouting and continue training of data clerks and health care workers on the system. IntraHealth also developed a revised VCT database, which was modified to run under server version. Support was provided to all sites in implementing the system at all 18 VCT sites. All sites have reported data using the new tools.

IntraHealth has also provided strong support to the MoHSS, DSP and Regional Councils, and there is excellent collaboration and data sharing, especially for the System for Program Monitoring (SPM). At a regional level, coordination efforts have been strengthened through the involvement of partner organizations in the Regional AIDS Coordinating Committees.

Other accomplishments in FY2009 include:

- Reviewed and streamlined all data collection and reporting tools with all partners.
- Improved ePMS systems together with the MoHSS.
- Training and supporting VCT sites to implement the new system and training of staff.
- Conduct support visits and data quality audits to partners.

- Continue with improvements on the M&E system development at national level.
- Draft mystery client survey and client exit interviews for the VCT system, to be implemented in FY2010.
- Draft guideline for the referral system for all programs.
- Strengthened data collection for the prevention and nutritional support programs.
- Standardize information collection: develop/review standard data collection tools and reporting formats for all programs in collaboration with program managers.

Challenges, Constraints & Plans to Overcome Them

- Capacity building of program managers at partner organizations remains a challenge, and partners require training and support in collecting program data, M&E systems development, and data use, analysis and report writing. IntraHealth is working to address this with partners, and has increased its own staffing through the appointment of an M&E Officer and expanding the duties of a VCT Coordinator in the area of M&E, as well as involving regional VCT coordinators in M&E activities.
    - At many partner organizations, there is no designated M&E officer, and individuals who are assuming M&E roles are those who are already overloaded with other responsibilities. And, in some cases, the support and mentoring from the partner organization's national office is not in place to help support their offices in the field.
    - Trainings have been provided to staff from partner organizations. In FY2010, IntraHealth plans to follow-up on the effectiveness of various trainings being undertaken. Skills need to be further strengthened and supported through regular visits, and assessments will be used to help identify gaps in performance.
- Late reporting from partners and developing a shared understanding of indicators to ensure partners are collecting and reporting the same information. Moreover, reporting by field offices needs additional support through feedback and guidance from the M&E staff. This will improve the quality of data collected and will enhance ownership, involvement and commitment.
    - Different planning and reporting cycles for government and implementing partners, for example PMTCT and TB reporting.
    - One challenge is to encourage reports from partners to be more analytical, discussing challenges, the way these challenges were resolved, and opportunities for disseminating and/or scale up.

Planned Events for the Next Quarter

- Continue to review and streamline all data collection and reporting tools with all partners.
- Continue to improve the ePMS systems together with the MoHSS.
- To strengthen the VCT system, IntraHealth will continue to review the data collection tools, and update the software and train staff, as needed.
- IntraHealth will implement mystery a client survey and client exit interviews for the VCT system.
- Conduct supportive supervision and data quality audits to partners, including follow up visits to partner organizations to validate data sources and provide back-stopping advice to staff.
- Continue capacity building activities for partners in M&E, including enhancing skills of M&E staff to carry out analysis of data and provide feedback on a regular basis to ensure bi-directional data flow. Capacity building will also continue on the use and application of filemaker software.
- Sharing good and promising practices in M&E among partners will be initiated in order to promote learning and locally appropriate solutions across organizations.
- The ART electronic patient management system (ePMS) through ongoing technical maintenance and continued training for staff at the facility, district, regional and national levels. As part of its quality assurance, IntraHealth staff will continue to provide direct supportive supervision visits to all its implementing partners using check lists and a scoring system and join the MoHSS supervisory team when necessary. IntraHealth, with MSH, will conduct data verification and comparisons on patients on treatment using the ePMS and the ART Dispensing tool. IntraHealth will continue with the data comparison exercise between ePMS and ADT for the ART data in collaboration with MSH.
- IntraHealth will continue to develop, update, and support the implementation of the Basic M&E curriculum with UNAM by participating in the working group, facilitating the modules of the course, providing technical assistance in the development of the Diploma/certificate course and supporting the integration of M&E into existing courses. Partner organization staff will be trained through workshops organized by local and regional consultants in collaboration with RM&E partners.

- Working together with other partners, IntraHealth will continue supporting the M&E Association in Namibia through on-going support to the harmonization of the national list of indicators, integration of sub-systems into the national system and building the national capacity in M&E as a key strategy to ensure the proper implementation and sustainability of all SI efforts.
- IntraHealth will continue supporting the coordinating body for the HIV/AIDS M&E System in Namibia by providing technical assistance for RM&E activities. IntraHealth remains committed to championing and implementing the 'Third-One' Principle on M&E and participating actively in national and other M&E technical working groups. IntraHealth and its partners' organizational M&E activities are included in a national Integrated Action Plan.
- IntraHealth will continue to technically support the efforts of RM&E in implementing major surveys and research activities.
- IntraHealth will also continue providing ongoing support to its partners on implementing operational research activities.
- Based on the current retention in care of 78% of patients on HAART for more than two years, IntraHealth will initiate an operational analysis of factors associated with longer retention on HAART. This will assist the program in designing strategies to increase retention in care. In addition, adherence monitoring tools will be implemented and tested in collaboration with MSH.

2.9 Program Area 9: *Other Health Policies and System Strengthening (OHPS)*

IntraHealth has completed the roll out of the human resources information system (HRIS) for the MoHSS in three pilot regions. The system provides human resources and health care managers with timely, accurate and complete data for decision making. Specifically, the system tracks health care workers from the time they enter the MoHSS until they leave the workforce, including capturing data on training, certification, licensing deployment and reasons for attrition.

The Namibian MoHSS continues to conduct an extensive Health System Review, and it is in its final stages although reports and recommendations have not yet been submitted. It is expected that there might be recommendations for major changes and transformations that address the challenges facing the health system of Namibia. The final report, its approval, and the timeframe for implementation of changes or transformations are contingent on the MoHSS and the Cabinet decisions. It is highly expected that one of the main recommendations is to have an implementation of the electronic HRIS. IntraHealth will continue to support the MoHSS requirements as detailed above and will continue to offer technical support as requested by the MoHSS and the Stakeholder Leadership Group.

Accomplishments & Successes

Local Partner Capacity Building
During FY2009, IntraHealth provided technical assistance to two (CHS and LL/CL) local organizations for HIV-related institutional capacity building. These organizations were provided assistance in developing and updating HR policies and procedures and ensuring that such policies and procedures comply with the new Namibia Labor Law and to resolve the weaknesses noted in the respective DCAA audit reports. In order to strengthen capacity, 6 staff, 3 from CHS and 3 from LLCL, were trained on how to update the financial and grants management policies and procedures.

IntraHealth is working with Associates for Global Change (AGC) to continue to provide capacity building assistance to local partner organizations and resolve outstanding DCAA audit issues. The incorporation of the new provisions of the Namibia Labor Act into employment contracts and human resources policies was drafted during the fourth quarter of FY2009 for CHS and LL/CL, and is currently in the final review phase. IntraHealth has sought the services of a labor lawyer to ensure that HR policies and procedures for its staff and partners comply with all new labor law requirements. The Senior Program Manager performed an assessment of the Walvis Bay Multi-Purpose Center and Democratic Resettlement Committee's human resources and operational policies and procedures and employment agreements to determine their adequacy and compliance with the new Namibia Labor Law. IntraHealth will support these partners to help resolve the weaknesses identified through the assessments during the upcoming quarter.

Data Driven Decision Making Workshop
Five participants from Namibia participated in the Data Driven Decision Making (DDDM) workshop, held in Arusha, Tanzania April 20-24, 2009. This event, led by IntraHealth in collaboration with the ECSA Health Community and the WHO, brought together Human Resources for Health (HRH) Management and Policy makers from 11 countries in Africa. Namibian participants included 4 staff from the MoHSS, Mrs. Kautoo Mutirua, Mrs. Maazuu Zauana, Mrs. Lydia Nashixwa, and Mrs. Anna Isaacs, as well as the HRIS Advisor for IntraHealth.

The purpose of the workshop was to: (1) share lessons learned and experiences about country-level systems and strengthening approaches, and the degree to which data are used for decision-making; (2) develop a forward-looking regional network of HRIS and data-driven decision-making champions that will create a culture for using routine administrative data to address policy and management decisions; (3) explore opportunities to harmonize and strengthen efforts with other organizations and systems to establish linkages between health information systems (HIS), health management information systems (HMIS) and HRIS; and, (4) expand the knowledge base and synergies between HR data/reports and data-driven decision-making to accelerate the uptake of approaches, tools and practices by HRIS teams and country-level policy-makers.

The MoHSS participants indicated that this workshop enabled them to assess the progress Namibia has made in terms of HRIS development and future plans. The feedback obtained indicates that the MoHSS is very pleased with the collaborative approach employed by IntraHealth. The MoHSS is also very pleased with the progress made on all the HRIS activities as per the approved SLG plans and they have pledged a renewed commitment towards completion of the rollout of HRIS to all 13 geographical regions by 2010. MoHSS has already embraced their HRIS by drawing on

system data in their planning and management decision making process. Once the rollout project and the data capturing of core and additional information is complete the MoHSS will be ready to embrace the next logical step in making data driven decisions.

HRIS Support

In terms of ensuring that the MoHSS is provided with the right information to the right person at the right time and in the right format, the following progress was made in FY2009:

- The MoHSS Human Resource Management Information system (HRMIS) Pilot Project has been completed. This will ensure that, for the first time, the human resources management system will be accessible in the Regional Management Team's Offices in three regions. It was implemented in Mariental Hospital and the Hardap Regional Management Team (RMT) Office, Swakopmund Hospital and Erongo RMT Office, Walvis Bay Hospital, Khomas RMT Office, Katutura Hospital Human Resources Section, Windhoek Central Hospital Human Resources Section and the National Level Head Office Human Resource Management Division. All the above-mentioned sites are now equipped with the following equipment, software applications and infrastructure support:
    - Personal computers
    - Virtual desktops on terminals
    - Printers
    - Uninterrupted power supplies
    - Security locks
    - Local area networks
    - Wide area networks
    - HRIMS Access
    - eService OPM Access
    - Microsoft Windows
    - Email
    - Internet
- The Lessons Learned from the MoHSS HRMIS Pilot Project were approved and signed off by the MoHSS.
- Draft essential indicators have been defined to enable the MoHSS system reports to be aligned with policy and management requirements. This draft is undergoing refinement to become the first essential indicators for the Human Resource Management Directorate. MoHSS indicated that this report will be finalized by December 2009.
- The HRIMS Rollout Project to 6 regions has started in September 2009 and it is expected to be completed by February 2010. This Project will roll out the HRIMS system to 6 additional regions namely Karas, Omaheke, Otjozondjupa, Oshana, Omusati and Kavango. This project will provide Access, Computer Literacy and HR system training to an additional 76 MoHSS HR and Health Management staff.

In April 2009, the formal handover of all the equipment listed above to the MoHSS, Directorate of Human Resource Management took place at the MoHSS head office, Windhoek. This event was attended the Honorable Minister of Health & Social Services, Dr. Richard. N. Kamwi, the USAID Mission Director, high ranking MoHSS officials, IntraHealth staff, the national media and other partners. It was with great honor that USAID Mission Director officially presented the equipment to the Honorable Minister of Health and Social Services amidst a gathering of several key officials. It is hoped that this equipment would assist in the strengthening of the HRIS for the MoHSS for years to come.

In terms of ensuring that MoHSS staff have increased capacity to make data driven HRH decisions in support of NDP3 and Vision 2030 goals, Data Entry Clerks seconded by IntraHealth to the MoHSS entered significant amounts of data. Overall, the core data captured for the entire MoHSS is 97% complete from a total payroll of 9,114 staff (see Figure 12 below). The target of capturing the core HR data for the next 6 Rollout regions has been achieved. This will enable

the regions to take ownership of their data together with the IT equipment, training and networks when the rollout Project is completed in January 2010.

- Training and capacity building activities were provided to 74 MoHSS HR staff, 5 MoHSS IT staff and 3 MoHSS Data Entry Clerks to ensure sustainability for the HR IT infrastructure and systems.
- Information Technology Training Conducted: **Error! Reference source not found.**13 (see below) summarizes that 54 out of 55 Human Resource Practitioners from the MoHSS have been trained in computer literacy, representing a 98% success rate. 100% training success was achieved with 77 Human Resource Practitioners trained in the HRIMS System.
- Draft essential indicators have been defined to enable the MoHSS system reports to be aligned with policy and management requirements. This draft is undergoing refinement to become the first essential indicators for the Human Resource Management Directorate. MoHSS indicated that this report will be finalized in the next period.

Figure 12: MoHSS HRIMS Core Data Captured

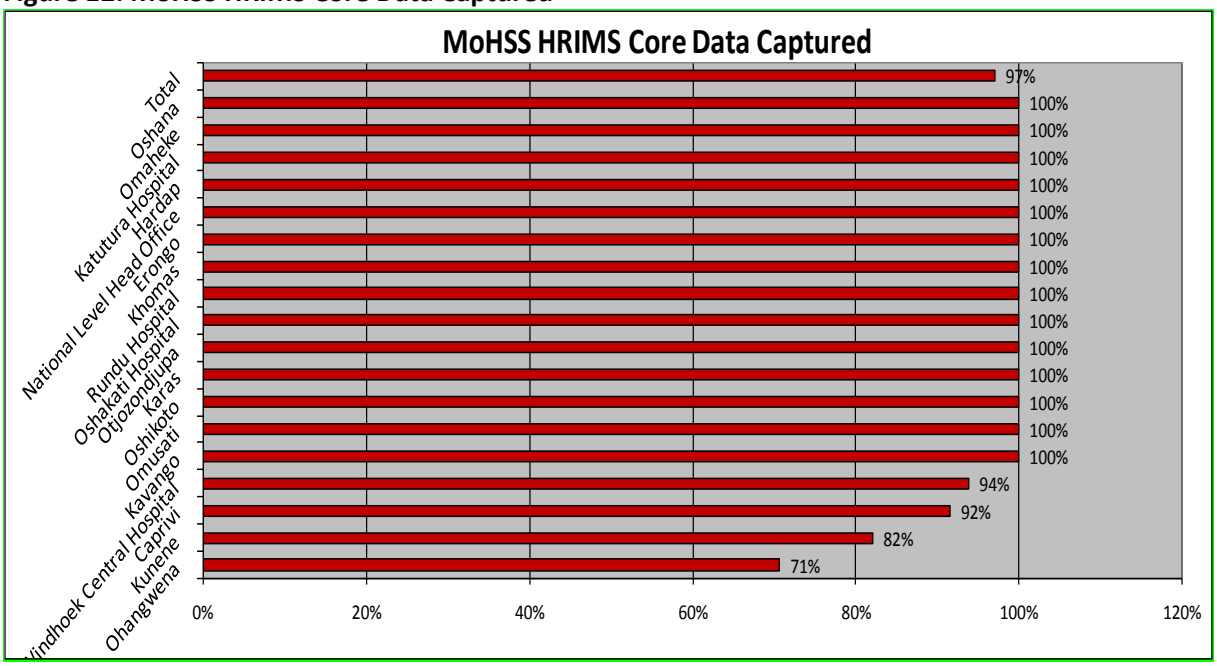
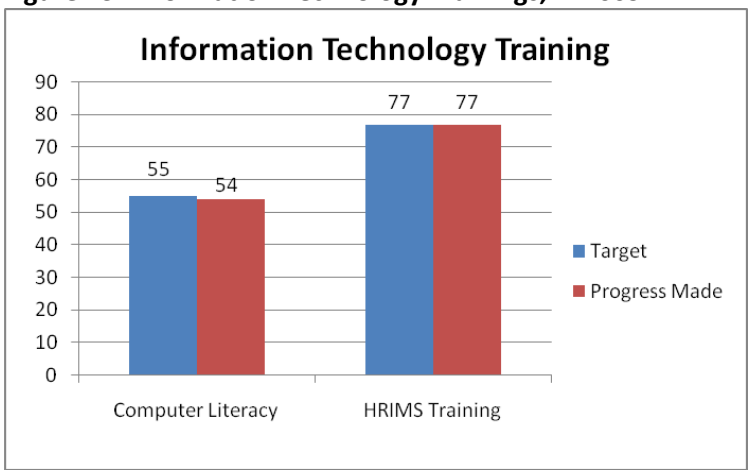


Figure 13: Information Technology Trainings, FY2009



In terms of strengthening the availability, reliability and security of MoHSS Human Resources Information Systems, IntraHealth is pleased to report that the building of the MoHSS Data Centre is complete. The implementation addressed requirements for physical and logical security, power and cable installation. For the period under review the key accomplishments are:

- Technical completion of the MoHSS Data Centre Implementation Project which forms the heart of the MoHSS HR systems,
- Rollout MoHSS HR system (HRIMS) Project to 6 additional regions started.

These accomplishments are part of IntraHealth's strategy to build the required HR and IT infrastructural capacity to sustain and support the MoHSS in achieving its NDP3 and the Namibian government's vision 2030.

Challenges, Constraints & Plans to Overcome Them

- The partners have not fully accepted the idea of graduation, and are concerned about the added responsibility on management, as well as the resources that will be needed to manage and report on their program operations under a direct funding relationship.

- Staffing continues to be a challenge in Namibia for both IntraHealth and its partners. Specifically:
    - The continued shortage of qualified and experienced professionals in Namibia is causes lengthy periods to fill vacant professional positions.
    - The approval process to grant work permits to foreign professionals is still very long. This has a negative impact on the program in that the applicants may find alternative employment elsewhere and that long periods of time may expire before a needed position in the program is filled.
- HRIS:
    - The Stakeholder Leadership Group (SLG) has only met once this year. The frequency of the SLG's meetings and the fact that the chairperson of the SLG Mrs. Kautoo Mutirua is no longer with the MoHSS presents a challenge to the continuity of the SLG. However, efforts are underway to support MoHSS with the scheduling of SLG meetings and the appointment of a new chairperson.
    - One of the key learnings from the recently completed HRIMS Pilot Rollout Project was that the HRIMS as developed by the OPM lack some security access controls. This risk has been identified and brought under the MoHSS Management's attention. The approved management strategy is that the OPM must make some programmatic changes to the HRIMS system to ensure that access is restricted up to regional and or district level and not only on national level which is currently the case. Although individual user access levels are restricted as to the type of transaction and also that all transactions are logged in an audit trail the restriction to ensure that users are only allowed to work on their own regional information is lacking.
    - Another key risk to the success of HRIS Programme is the MoHSS IT Staffing. The current level and capacity of the MOHSS IT staff are inadequate. This matter has also been brought under the MoHSS Management attention with recommendations to address and we expecting formal feedback in this regard.

Planned Events for the Next Quarter

- IntraHealth will continue to work with AGC to resolve the weaknesses noted in CHS and LL/CL DCAA audit reports;
- Perform an assessment of the LMS human resources and operational policies and procedures will commence in the next quarter.
- Completion of legal review of revised contract in compliance with revisions to local labor laws.
- Formalization of an annual Stakeholder Leadership Group (SLG) meeting schedule and to appoint a new chairperson is proposed.
- Refinement of HRH Essential Indicators.
- HRIMS Security Risks to be managed.
- Completing the rollout of the Human Resources Information System (HRIMS) to the remaining 4 geographical regions in Namibia (Regional Management Offices and District Hospitals).
- Continue to strengthen and complement the MoHSS IT skill set through managed IT training and knowledge transfer as an integral part of every project embarked upon as well as contracting IT Vendors to provide advanced IT support.
- Conduct an assessment and recommendation for short-, medium- and long-term solutions to address the shortage of MoHSS IT staff.
- Plan trainings for Human Resource Management staff on computer literacy and HRIMS system training as regions are connected to the HRIMS system.
- Complete data entry of core HR information for the remaining regions.
- Continue providing HRIS advisory services to the MoHSS.
- IntraHealth will continue providing technical assistance to the MoHSS and the SLG in support of their national HRIS as requested.

3. FINANCIAL REPORT (REQUIRED)

See accompanying Excel spreadsheet ("FY09.Q1-4.IntraHealth.26.Oct.09") and complete worksheet "3. Financial report.Q1-4."

4. WRAP AROUNDS FOR THE PAST QUARTER (JULY-SEPTEMBER 2009)

Description of wrap-around activity
[write text here]

Number of people who benefited, according to PEPFAR indicators (if possible)
[write indicators and results here]

Amount of funds leveraged, by organization
[indicate here the amount in US dollars leveraged, by non-PEPFAR organization]

5. ENVIRONMENTAL ISSUES

During FY2009, in compliance with USAID environmental requirements and regulations as per the 22 CFR 216 integrated into ADS 204.5, IntraHealth and the Capacity project-supported sites conducted the following activities:

- The cleanliness and hygiene in all centers have continued to receive emphasis with sites where soup kitchens are provided. Sites are being made aware of the necessity of hand washing for both those who are cooking and for clients receiving the soup.
- Patients are continually provided with information on how to safely dispose items, and recycle bins have been maintained.
- Safety measures are also observed while transporting waste generated from outreach services.

Prevention of TB and especially the multi-drug resistance TB has continued to receive attention. Patients on treatment for MDR are encouraged to receive ART from the ward. Also, counseling sessions for these patients are conducted in the wards. There is limited availability of N95 masks for health care workers, and acceptability of wearing of surgical masks by the patients is very low.

6. Issues with Data Quality

IntraHealth is implementing the QI/QO (quality in, quality out) model with all partners and investing much effort to ensure that the data gathered is valid, reliable, accurate, precise, and timely. During the reporting period, IntraHealth provided technical assistance and support to all partners to improve data collection, processing and monitoring, as well as dissemination of data for decision-making. As noted above (see section 2.9), IntraHealth provided support to the MoHSS (Directorate of Special Programs, RM&E subdivision) through troubleshooting and training of data clerks and health care workers on the electronic Patient Management System (ePMS). The VCT database was modified and some variables were updated and the training was conducted for project staff. During the next project period, the focus will be on data quality audits and one-on-one coaching and mentoring.

The M&E team at IntraHealth will provide partner organizations with coaching and mentoring on data collection and data quality, improving record-keeping, program reporting standards, HMIS systems, and other quality improvement initiatives. To address the data quality challenges, IntraHealth will utilize and/or develop, as appropriate, available tools for ensuring data quality for all program areas.

What we are doing on a routine basis to ensure that our data is high quality: [Update if changed]

- The data clerks are supported to ensure problems with data are adequately addressed.
- At the end of each month, discrepancies between the data entered in the electronic and the paper based systems are identified and addressed at facility level.
- PMTCT register data are checked monthly by all district coordinators.
- The IntraHealth M&E Officer routinely verifies data reported monthly, and provides feedback to the reporting site
- Data quality checks are conducted at VCT, prevention, and PMTCT and ART sites.
- PMTCT data entry into the registers is checked by district coordinators before submission.
- VCT & ART data is checked by the site manager before submission.
- HIV prevention data are checked and verified by senior management of partner organizations and IntraHealth before submission.
- The VCT & ART electronic systems have internal built-in data quality checks, which the data clerks and site managers use to check for quality and consistency.
- Data reported on a monthly basis are routinely verified and feedback is provided to the reporting sites.
- Staff handling data is supported by the senior management to ensure that problems are adequately addressed.
- Reporting Period indicator templates submitted are checked and verified with the monthly reports submitted.
- For ART & VCT systems, data quality checks are done monthly at the national level.

Specific concerns we have with the quality of the data reported in this report:

- Some staff members continue to have challenges handling data correctly; IntraHealth plans to address this through training and motivating these staff, and through coaching and mentoring as part of supportive supervision.
- There is a need for further improvements in data completeness, data cleaning and data quality audits.
- Some data clerks and data managers have limited IT skills and require extensive training. Thus, the acquisition of competency has been delayed, particularly in the use of the ePMS database to prepare reports.
- There is a need for further streamlining of data collection instruments for community mobilization and nutritional support.
- Use of data by program managers at some partner organizations requires further strengthening.
- Lack of M&E persons or those responsible for M&E at partner organizations continues to be a challenge; where existing, these staff may have competing priorities which prevent them from preparing data and reports in a timely fashion.

How we plan to address those concerns and improve the quality of our data:

- Improving lines of communication, conducting data quality audits, mentoring partner staff, and holding interactive training sessions, as needed, will help improve the system overall.
- Improvements will continue to be made on the ePMS.

- Comparison of data captured through ePMS and ADT indicate this as an area for improvement; data cleaning needs to continue being done as the two systems could complement each other and help optimize data quality.
- Create incentives for improved supervision of data clerks by district coordinators.
- Mentor and coachdata clerks and receptionists on the importance of data quality and create improvement plans during data quality audits.
- Increased emphasis on importance of monthly supervision of clinics, including ANC and Labor Ward, by the district coordinators.
- Strengthen partner agency management involvement in data quality assurance through monthly meetings at each site to address data quality issues
- Continue improving the skills of management staff in providing supervision to M&E clerks through coaching by M&E technical adviser.
- Increase the frequency and coverage of data cleaning and error report checks at the site-level.
- Encourage partners to appoint dedicated M&E persons or clearly assign M&E responsibilities to existing staff.
- Building partner staff capacity in basic computer skills, as needed.

7. FEEDBACK ON COMPLETING THIS REPORT (OPTIONAL)

[NOTE THAT THIS SECTION IS OPTIONAL FOR Q1]

What we liked about it

[write text here]

What we didn't like about it

[write text here]

How to make it better

[write text here]

8. SUCCESS STORIES (OPTIONAL)

[You are invited – but not required – to submit success stories from the past quarter.]